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URBAN DISTRICT OF ILKLEY



HEALTH
REPORT

FOR THE YEAR

1953

R. A. W. PROCTER,

M.R.C.S., L.R.C.P., M.B., B.Ch., D.P.H.,
Medical Officer of Health.

J. H. WILSON,

M.R.S.I., M.S.I.A., A.M.I.S.E.,
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LIST OF COUNCILLORS FOR THE YEAR 1953

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COUNCILLOR J. HARDY.

Vice-Chairman :

COUNCILLOR F. ATKINSON.

COUNCILLOR R. ADAMS	COUNCILLOR H. HARGRAVE.
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PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health :

R. A. W. PROCTER, M.R.C.S., L.R.C.P., M.B., B.Ch., D.P.H.

Chief Sanitary Inspector :

J. H. WILSON, M.R.S.I., M.S.I.A., A.M.I.S.E.

Additional Sanitary Inspector :

R. S. DYKES, A.R.S.I., M.S.I.A.

The appointment of Medical Officer of Health is a part-time one.

ILKLEY URBAN DISTRICT COUNCIL

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1953

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my sixth report on the health of the Ilkley District. The year 1953 shows a satisfactory record of the health of the community although deaths again exceed births. This is not to be wondered at in a town so favoured by retired people. It was a year to be remembered; firstly as Coronation Year; secondly because it saw a great increase in houses built and the back of the housing problem broken and thirdly because its end completed the first five full years of the National Health Service.

In order to preserve a record of this first quinquenniad the form of this report has been changed from that of former years and a review of public health services in the division over the five year period has been included as a separate section. I am indebted to Mr. S. W. Stemp, Divisional Chief Clerk, for his assistance in preparing the statistics on which this review is based. In order to avoid making this annual report too voluminous, I have been as brief in the rest of the report as is consistent with a proper account of the health of the Ilkley District. More particularly I have touched very lightly on those matters covered by Mr. J. H. Wilson, Chief Sanitary Inspector, in his full and interesting report. I am indebted to him and to Mr. R. S. Dykes, Additional Sanitary Inspector, for their help during the year.

Ilkley District was free from major epidemics and no case of food born disease was reported during the year. Councillors will no doubt be gratified to find that their efforts of recent years to improve the conditions under which food is prepared and sold in the area have born fruit. It is right that the public should realize the excellent work done by the Council and especially the Health Committee in promoting the health of the District and it is encouraging to the officers of the Council to receive, as they do, the consistent help and support of the Health Committee to whom my thanks are due. The courtesy and consideration always extended to me by the Clerk and other officers of the Council have ensured a continuance of those cordial relations which have existed in the past.

I am your obedient servant,

R. A. W. PROCTER,

Medical Officer of Health.

SECTION I—VITAL STATISTICS

Births

During 1953 there were 122 male and 109 female live births referable to the Ilkley District; of these 2 males and 6 females were illegitimate. The total of 231 live births is substantially higher than the previous year's figure of 193 which was an abnormally low total. The birth rate for 1953 of 13.5 per 1,000 population is therefore higher than the record low figure of 11.3 recorded for the year 1952, but it still remains appreciably lower than the birth rates for the aggregate of West Riding urban districts, the West Riding County or of England and Wales. As I have pointed out in previous reports the age of the population of the district is above average and the proportion of potential mothers is thereby correspondingly reduced.

Deaths

The total of deaths during 1953 referable to the district was 246 or one less than in 1952. This remains a high figure, but is only to be expected in a population containing so many old people. This is well illustrated in the comparative statistical table which shows that the crude death rate for the district for 1953 which is 14.4 per 1,000 population is higher than for England and Wales, the West Riding urban districts and the West Riding county; yet the adjusted rate after allowing for the age composition of the population is reduced to 11.4 per 1,000 population which happens to be identical with the figure for England and Wales but lower than the adjusted rates for the aggregate of urban districts and the West Riding county. In 1952 female deaths exceeded male deaths by 35 whereas in 1953 the pendulum swung the other way and 137 males died compared with 109 females, a preponderance of 27.

As in previous years cancer and diseases of the heart and circulatory system exacted the highest toll. Again approximately one fifth of the deaths are due to cancer and the figure for cancer of the lung rises to 13 compared to 5 in the previous year. Deaths due to disease of heart and circulatory system fell from 107 to 90 while deaths due to apoplexy remained almost the same at 33. Deaths due to diseases of the respiratory system rose from 13 to 28. The death rates for all these diseases are above the average elsewhere.

Stillbirths

There were 4 male and 1 female stillbirths in 1953; one male was illegitimate. The number was 2 less than 1952 and the rate of 21 per 1,000 live and stillbirths compares favourably with the figure of 35 for 1952, and is slightly lower than the average elsewhere.

Infant Mortality

In 1953 four males and one female died below the age of one year; all legitimate except one male. All these deaths occurred during the neonatal period, i.e. within the first four weeks of life. Two males and one female died very soon after birth of prematurity, one male died aged 3 days of congenital abnormality and one male suffered birth injury and survived 10 days. There were thus no deaths among infants who had taken a firm hold on life. This indicates a satisfactory standard of child care although we are still faced with the problem of the prevention of neonatal deaths. The infant death rate is 21.6 per 1,000 live births and compares favourably with the figure of 36.3 for 1952. It is also lower than elsewhere in the country. The subject of prematurity is dealt with later in this report.

SUMMARY OF STATISTICS

I. GENERAL STATISTICS

Area in acres	...	...	...	...	...	...	8,610
Registrar General's Estimated Population	...	...	...	...	...	...	17,050
Number of Inhabited Houses	...	...	...	...	...	...	5,517
Rateable Value	...	...	...	...	...	...	£154,202
Nett Sum represented by a Penny Rate	...	...	...	...	...	...	£610

II. EXTRACTS FROM VITAL STATISTICS

Live Births :		Males		Females		Total			
Legitimate	120	...	103	...	223		
Illegitimate	2	...	6	...	8	Crude Rate	Adjusted Rate
Total	122	...	109	...	231	13.5	13.5

Stillbirths :				<i>Males</i>	<i>Females</i>	<i>Total</i>	
Legitimate	...	...	...	3	1	4	
Illegitimate	...	...	...	1	-	1	
Total				4	1	5	<i>Rate</i> 21.2

Infant Mortality				<i>Males</i>	<i>Females</i>	<i>Total</i>	
Legitimate	...	...	...	3	1	4	
Illegitimate	...	...	...	1	-	1	
Total				4	1	5	<i>Rate</i> 21.6

Deaths :				<i>Males</i>	<i>Females</i>	<i>Total</i>	
				137	109	246	
Crude corrected death rate per 1,000 Estimated Population				...	...	...	14.4
Adjusted Rate per 1,000 Estimated Population				...	...	...	11.4

Death rate per 1,000 Population from:

Pulmonary Tuberculosis	...	...	...	...	...	...	0.18
All forms of Tuberculosis	...	...	...	...	...	...	0.18
*Respiratory Diseases (Other than Pulmonary Tuberculosis)	...	...	...	...	...	...	1.64
Cancer	...	...	...	...	...	...	2.64
Heart and Circulatory Diseases	...	...	...	...	...	...	5.28
Zymotic Diseases	...	...	...	...	...	...	0.06

* Including Influenza

CAUSES OF DEATH

<i>Cause of Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Tuberculosis of Respiratory System	3	-	3
Measles	-	1	1
Malignant Neoplasm, Stomach	3	-	3
" " Lung, Bronchus	10	3	13
" " Breast	-	4	4
" " Uterus	-	5	5
Other Malignant and Lymphatic Neoplasms	11	9	20
Diabetes	-	1	1
Vascular Lesions of Nervous System	16	17	33
Coronary Disease, Angina	22	10	32
Hypertension with Heart Disease	3	6	9
Other Heart Disease	20	18	38
Other Circulatory Disease	9	2	11
Pneumonia	5	5	10
Bronchitis	6	4	10
Other Diseases of Respiratory System	3	5	8
Ulcer of Stomach and Duodenum	3	-	3
Nephritis and Nephrososis	2	2	4
Hyperplasia of Prostate	1	-	1
Congenital Malformations	-	1	1
Other Defined and Ill-Defined Diseases	12	8	20
Motor Vehicle Accidents	2	2	4
All other Accidents	3	4	7
Suicide	2	2	4
Homicide and Operations of War	1	-	1
All Causes	137	109	246

COMPARATIVE STATISTICAL TABLE

	Ilkley Urban District	Aggregate of West Riding Urban Districts	West Riding Administrative County	England and Wales
Birth Rates :				
Per 1,000 Estimated Population :				
Crude Corrected ...	13.5	15.4	15.7	15.5
Adjusted ...	13.5	15.5	16.0	—
Death Rates :				
All per 1,000 Esti- mated Population :				
All causes, crude rate	14.4	12.5	11.6	11.4
All causes, adjusted rate ...	11.4	12.6	12.1	—
Infective and Parasitic diseases, (excluding Tuberculosis, but in- cluding Syphilis and other Venereal ... Diseases) ...	0.06	0.09	0.08	*
Tuberculosis of Res- piratory System ...	0.18	0.17	0.16	0.18
Other forms of Tuber- culosis ...	Nil	0.02	0.02	0.02
Respiratory Diseases† (excluding Tuber- culosis of Respira- tory System) ...	1.64	1.39	1.30	*
Cancer ...	2.64	1.99	1.88	1.99
Heart and Circulatory Diseases ...	5.28	4.63	4.26	*
Infant Mortality ...	21.6	27.6	29.3	26.8
Maternal Mortality ...	Nil	0.38	0.51	0.76

† Including Influenza.

* Figures not available.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

This subject has been covered fully in the review of these services over a five year period which is given later in the report. In this section matters of particular concern to the Ilkley District will be mentioned.

It is not possible to record any progress towards a closer integration of Health and Hospital Services. The Ilkley and Otley Medical Advisory Committee held one meeting in 1953. The Middleton and Grassington Medical Advisory Committee held 3 meetings during the year.

Staff

There were no administrative staff changes during the year.

Ambulance and Laboratory Services

These services have remained unchanged since the previous year and have proved eminently satisfactory. No complaint was received during 1953.

Hospitals and Maternity Homes

Hospital services for the area continue as in former years and have provided a satisfactory service for medical, surgical and maternity cases. The principal deficiencies are in the availability of beds for old people and for the institutional care of mental defectives.

Midwifery

During 1953 midwifery arrangements in Otley were put on a proper footing and by the middle of the year the Ilkley midwife no longer had to attend confinements in Otley. The new home confinement grant was not introduced until late October and therefore had no effect in increasing the number of home confinements. The amount of work done in the district shows little change. Most of these home confinements occurred in the Burley and Menston area and only 14 in Ilkley itself and Ben Rhydding.

	1953	1952	1951
Cases delivered	44	42	44
Post-natal visits	879	804	1771

In 11 cases the assistance of the family doctor was required. All but 6 of the women had gas and air analgesia.

Home Nursing

During 1952 home nursing in the Menston area was carried on by means of various temporary makeshifts. But during 1953 the work has been put upon a proper basis and is carried out by one of the three district nurses at Otley. Emergency calls can be dealt with by the relief district nurse who lives at the Memorial Cottage, Menston. Work in Ilkley and Burley has continued as in previous years. It will be seen that the volume of work in Menston has risen, whereas in Burley and Ilkley there was a lower demand mainly owing to the fact that the last quarter of the year was unusually mild.

<i>Home Nursing Visits paid :</i>	1953	1952	1951
Ilkley	2,701	3,247	3,282
Burley	1,683	2,300	2,230
Menston	1,921	1,494	1,332

Child Welfare Centres

The child welfare centres in the district remain as in previous years. The attendances also show little change, although there is a tendency, more marked towards the end of the year, for Burley to be used more and Ilkley less. This is at least partly due to the opening of the new housing estate at Burley.

Attendances at Child Welfare Centres—

<i>No. of Children attending</i>	1953	1952	1951
Ilkley	265	259	276
Burley	139	121	92
Menston	60	64	71

<i>Total Attendances</i>	<i>Under 1 year</i>			<i>Over 1 year</i>		
	1953	1952	1951	1953	1952	1951
Ilkley	1,127	1,165	1,350	954	874	939
Burley	852	974	517	540	576	632
Menston	317	316	300	229	240	346

Ante-Natal Care

The figures given in the table below show the result of the policy adopted in 1952 of leaving the clinical supervision of the patient to the family doctor and concentrating at the clinic on ante-natal instruction and exercises. Regular lectures and a film strip show were given during the year. Most of the 9

women who are shown as attending the clinic came for a blood test at the request of the family doctor and made only one attendance. During the year 68 women made 522 attendances for ante-natal exercises and instruction. This is a considerable improvement on the previous year ; even so, only just over one quarter of the women who were confined during the year joined the classes.

<i>Ilkley Ante-natal Clinic</i>		1953	1952	1951
Number of women who attended				
during the year ...	... ..	9	20	38
Total number of attendances ...		13	53	135

Health Visiting

As indicated in the report for 1952, there was hardly enough work for two Health Visitors in Ilkley and Ben Rhydding. In February, 1953, one of these Health Visitors resigned and was not replaced. During the major portion of the year, therefore, there was one Health Visitor for Ilkley, Ben Rhydding and the surrounding parishes of Nessfield, Middleton and Denton and one Health Visitor for Burley-in-Wharfedale, Burley Woodhead and Menston. This has proved quite a satisfactory arrangement.

Visits paid by Health Visitors in 1953—

	<i>Expectant Mothers</i>	<i>Children under 1 yr</i>	<i>Children 1-2 yrs.</i>	<i>Children 2-5 yrs.</i>	<i>Other Visits</i>
Ilkley and Ben Rhydding	13	1,085	687	644	137
Burley and Menston	66	735	772	1,445	107

These figures do not include visits paid in the district by the Home Help organiser nor by the Tuberculosis Health Visitor who resigned at the end of July, 1953, and was not replaced.

Day Nurseries

During the first quarter of the year the Matron at the Burley Day Nursery was mainly occupied with the re-organisation of the Otley Nursery. The Ilkley Day Nursery has been busy all the year. The Matron and her deputy resigned during the first quarter and have been replaced. There has not been such a heavy demand on the Burley Day Nursery and towards the end of the year the County Council decided to close this nursery.

	<i>No. of Children on Register</i>		<i>Average daily attendance</i>	
	0-2	2-5	0-2	2-5
Ilkley Day Nursery	13	26	11	20
Burley Day Nursery	9	24	7	20

Home Helps

The demand for help for the aged and infirm continued to rise while requests for help in cases of sickness and home confinements diminished. Home help to the aged is usually a long term requirement. So although the number of persons helped is slightly lower than in 1952, the amount of work done in the district is in fact higher.

Number of cases provided with Home Help during the year—

	1953	1952
Ill	15	20
Lying-in	8	9
Expectant Mothers	45	4
Aged	—	38
Children	—	1
Mentally Defective	—	—
	<hr/> 68 <hr/>	<hr/> 72 <hr/>

Immunisation and Vaccination

Numbers vaccinated and immunised in the Ilkley district during 1953 :

Number of Primary immunisations against Diphtheria	147
Number of Refresher doses	138
Number of Primary vaccinations against Smallpox ...	289
Number of re-vaccinations	48
Number of Primary inoculations against Whooping Cough	108

The figures given above show a serious decline in immunisation against diphtheria both primary and booster doses. Primary vaccinations and re-vaccinations given in the table are for children under 5 years. During the year 1,332 adults and children over 5 were vaccinated for the first time and 2,527 were re-vaccinated. This was due to the outbreak of smallpox in various parts of Yorkshire. Whooping cough inoculation has not made the progress hoped for. The figure for the whole of 1953 only just exceeds that for the last half of 1952.

School Health Services

The good nutritional standard of school children in the Ilkley district has been maintained. A total of 546 children were examined. This figure is much lower than that of the previous year, mainly because advantage was taken of the fine weather of the first 3 months of the school year to visit outlying schools; thereby leaving the more accessible schools of the Ilkley district to be dealt with in early 1954.

	En- trants	2nd Age Group	3rd Age Group	Other Periodic Inspec- tions	Special Exams.	Re- Exams.
Total number inspected...	144	96	131	126	13	36
Defects found :						
(a) requiring treatment	43	25	23	31	5	—
(b) to be kept under observation ...	18	—	1	10	4	—
Nutritional State :						
A. Good	130	80	118	103	—	—
B. Fair	13	16	13	22	—	—
C. Poor	1	—	—	1	—	—

Post Mortem Arrangements

The new mortuary in Ilkley was completed and put into use during the year. This should provide adequate facilities for post mortem examination when required.

SECTION III

HEALTH AND SANITARY CIRCUMSTANCES OF THE AREA

Although there was again in 1953 an excess of deaths over births in the district, this was much smaller than in the previous two years. There was a small epidemic of measles in April, but otherwise the area has been free from epidemics. There was considerable apprehension about cases of smallpox which occurred in various parts of the West Riding in the spring but no case occurred within the Ilkley District.

Another rather cold summer provided enough rain to prevent the occurrence of any serious water shortage. It is disappointing to record that the

borehole which it was hoped would solve the problems of water shortage has proved a complete failure.

Proposals for the improvement of sewage works in the district have received consideration but have not yet approached finality. The sewerage extensions to Burley Woodhead and Viewlands, Menston, are still held up. Refuse disposal has been very fully treated in the report of the Chief Sanitary Inspector.

It is pleasing to record that housing accommodation for 205 families was provided in the district during the year. The Council's contribution of 162 new council houses is more than the total of new council houses built in the previous seven years. This increase of housing accommodation has enabled the council to provide for all the worst cases on the waiting list and the housing situation is altogether easier than it was a year ago.

SECTION IV

INFECTIOUS DISEASES

The number of notifications during 1953 rose to 285 from the very low figure of 84 in the previous year. This was due to a rise in the number of notifications of measles, scarlet fever and whooping cough.

Measles

There was a small epidemic in the spring particularly in April, but it soon subsided owing to the small number of non-immune children.

Scarlet Fever

Sporadic cases of a very mild form of this disease occurred throughout the year. In many cases the disease was so trivial that it was unnecessary to send the child to hospital.

Whooping Cough

Notifications of this disease rose from 52 to 89; mostly in the early months of the year. It is disappointing that inoculation against this disease has not been pushed more enthusiastically by doctors in the district. There is little doubt that the incidence of this disease could be greatly reduced by this means.

Poliomyelitis

Only two cases of this disease were reported, one a very slight case with no residual paralysis and one a more severe case who is still undergoing rehabilitation in an orthopaedic hospital.

Intestinal Diseases

The case of Typhoid fever was that of a school girl who acquired the infection while on a visit to France. No cases of Food Poisoning nor Sonne Dysentery were reported, although it would be difficult to believe that some cases of these diseases did not occur.

Diphtheria

It is again for the sixth time possible to record that the Ilkley district was free from diphtheria. Freedom from this disease depends upon the people of the district. If mothers will have their children protected by immunisation, there is no reason why the disease should reappear. But immunisation figures in 1953 were the lowest since the war and this tendency must be reversed if the district is to remain safe.

MONTHLY DISTRIBUTION OF NOTIFICATION OF INFECTIOUS DISEASES DURING THE YEAR

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	TOTALS
Measles	7	4	13	94	20	24	7	-	-	1	-	-	170
Scarlet Fever ...	2	1	2	1	4	5	2	1	-	1	1	1	21
Whooping Cough ...	33	12	3	-	-	2	21	2	-	7	8	1	89
Meningococcal Meningitis	-	1	-	-	-	-	-	-	-	-	-	-	1
Erysipelas	-	1	-	-	-	-	-	-	-	-	-	-	1
Poliomyelitis	-	-	-	-	-	-	1	-	-	-	1	-	2
Typhoid Fever	-	-	-	-	-	-	-	-	-	1	-	-	1
TOTALS	42	19	18	95	24	31	31	3	-	10	10	2	285

TABLE SHOWING CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR

	Measles		Scarlet Fever		Whooping Cough		Meningococcal Meningitis		Erysipelas		Poliomyelitis		Typhoid Fever	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Nos. originally notified—	84	86	13	8	43	46	—	1	—	1	1	1	—	1
Final Nos. after correction—														
0—1	—	3	—	—	3	2	—	—	—	—	—	—	—	—
1—2	4	9	—	—	9	7	—	—	—	—	—	—	—	—
2—3	7	14	1	1	5	5	—	—	—	—	—	1	—	—
3—4	9	12	1	1	9	5	—	1	—	—	—	—	—	—
4—5	9	9	1	—	1	7	—	—	—	—	—	—	—	—
5—10	51	36	10	5	15	15	—	—	—	—	1	—	—	—
10—15	4	1	—	—	1	—	—	—	—	—	—	—	—	—
15—20	—	1	—	—	—	1	—	—	—	—	—	—	—	1
20—35	—	1	—	—	—	2	—	—	—	—	—	—	—	—
35—45	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45—65	—	—	—	—	—	1	—	—	—	—	—	—	—	—
65+	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Age unknown	—	—	—	1	—	1	—	—	—	—	—	—	—	—
TOTALS	84	86	13	8	43	46	—	1	—	1	1	1	—	1

SECTION V.
TUBERCULOSIS

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
(a) Number of cases on register at 1/1/53	60	29	12	8
(b) Number of cases notified for first time in 1953	5	6	1	1
(c) Number of cases restored to register	1	—	—	—
(d) Number of cases added to register other than by notification.	6	4	4	—
(e) Number of cases removed from register	25	8	9	4
(f) Number of cases remaining on register at end of 1953 ...	47	31	8	5

NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1953

	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0— 5	—	—	—	—
6—10	—	—	—	—
11—20	2	—	—	—
21—40	—	5	1	—
41—60	1	1	—	1
Over 60... ..	2	—	—	—
TOTALS	5	6	1	1

New cases of pulmonary tuberculosis in 1953 were five male and six female, while one of each sex was notified as non-pulmonary tuberculosis. These figures show little variation from those of the previous year. One male patient who had been reported cured, had a relapse and was re-admitted to the register. Six male and four female pulmonary and four male non-pulmonary cases were added to the register on transfer from other districts. As indicated in the report for 1952, a further revision of the register enabled the names of twenty-five male and eight female pulmonary cases and nine male and four female non-pulmonary cases to be removed from the list. At the end of the year the number on the register had been reduced to 78 pulmonary and 13 non-pulmonary cases.

There was no visit to the district in 1953 of the Mass Radiography Unit. Measures to ensure the regular X-ray examination of teachers and student teachers were introduced during the year, while mantoux testing of school entrants and B.C.G. vaccination of school leavers have been under consideration and are likely to be adopted in the near future.

5-Year Review of the Health Services

in Division 6, 1949-1953, in the West Riding County

COMPRISING THE URBAN DISTRICTS OF ILKLEY AND OTLEY AND THE RURAL DISTRICT OF WHARFEDALE

Introduction

At the end of 1953, five years of the National Health Service were completed, and figures for five full years became available. It may be of interest to record how the new health service has grown up in this small area during that period, to mention some of the teething troubles and to underline some of the difficulties and anomalies which have arisen. The appointed day for the introduction of the National Health Service was July 5th, 1948, so that when the first year under review, 1949, commenced, there had been six months during which the service had begun to settle down.

Of the districts in this division, Ilkley was an autonomous authority for the purposes of maternity and child welfare, while these services in the Otley and Wharfedale districts were administered from Wakefield by the West Riding County Council. There were therefore a good many loose ends to be tied up.

Births

TABLE I

Year	BIRTH NOTIFICATIONS (P.H. ACT, 1936)							Registrar General's Returns		
	Domiciliary Births		Institutional Births		Total Births		*Stillbirth Rate	Total Births		Stillbirth Rate
	Live	Still	Live	Still	Live	Still	Per 1,000 live and Stillbirths	Live	Still	Per 1,000 live and stillbirths
1949	149	9	316	6	465	15	31.2	478	18	36
1950	165	5	333	5	498	10	19.7	486	11	22
1951	109	3	356	8	465	11	23.1	462	13	27
1952	85	2	345	10	430	12	27.1	433	12	27
1953	102	1	408	12	510	13	24.8	494	13	26

*Calculated on notifications received under P.H. Act, 1936.

Table I shows the live and stillbirths over the five year period. There has been no serious decline in the birthrate ; in fact, 1953 shows a substantial rise. The table records a fall in domiciliary births during the last three years, and a tendency for the proportion of institutional births to rise. The discrepancy between the figures derived from birth notifications under the Public Health Act, 1936, and the Registrar General's figures is partly due to the fact that notification under the Public Health Act must be made within 36 hours, whereas registration may be done at any time within three months of birth. Another reason may be that a notification may indicate that a birth is referable to the area while the registration may record an address outside the area. During the last two years, the figures for stillbirths have coincided, but during the previous three years, the Registrar General's figures record six more stillbirths than were notified under the Public Health Act.

Antenatal Care

The National Health Act, 1946, includes antenatal care among the responsibilities of the local Health Authority. But in fact the introduction of the National Health Service has encouraged the expectant mother to go to her family doctor for antenatal care, and has discouraged her from attending the antenatal clinic. The effect in this division is set out in Table II.

TABLE II

Year	No. of women attended		Made first attendance		Total visits to Clinic	
	Ilkley	Otley	*Ilkley	*Otley	Ilkley	Otley
1949	61	72	36	54	190	288
1950	52	60	39	47	186	219
1951	38	71	35	61	135	193
1952	20	61	11	47	53	249
1953	9	63	5	31	13	144

* Those who during the year made their first clinic attendance during the existing pregnancy.

From this table, it will be seen that while attendances at the Ilkley Clinic have declined to a very low figure, work at the Otley Clinic has been maintained, although gradually diminishing. This difference has been due to the different attitude of the local medical practitioners. In Ilkley, the doctors refused to allow their patients to attend the clinic if clinical examinations were carried out; whereas in Otley the doctors were on the whole less strongly opposed to the clinic. It will be generally admitted that the right person to provide antenatal care is the family doctor, and that, if the patient is under her own doctor's clinical supervision, it is superfluous for her also to attend a clinic except for instruction and relaxation exercises.

Another important change in antenatal care which is not illustrated by the table, is the decline in visiting of expectant mothers by Health Visitors. During the first two years of the period under review, all applications for admission to a maternity bed were referred to the Divisional Medical Officer for a report on home conditions. He was therefore able to arrange for the Health Visitors to keep in touch with all expectant mothers in the area and thereby ensure that they received adequate antenatal care and instruction as early as possible in the pregnancy. At the beginning of 1951, the booking of maternity beds was taken over by the Hospital Management Committee, and as the number of beds available in the area exceeded the demand, it has not been necessary to allocate beds on social grounds, and consequently the local Health Authority has no idea who are expecting to be confined, and it has therefore been impossible to arrange regular visiting of expectant mothers. As a result, many expectant mothers are being deprived of the advice and instruction which many of them so sorely need, and are not obtaining information about facilities available to them such as the County Council scheme for the free dental treatment of expectant and nursing mothers. This difficulty has been recognised by the Minister of Health who has issued a circular urging Hospital Management Committees to furnish the local Health Department with the names and addresses of those who book maternity beds. Up to the time of writing this report, efforts to obtain this information in this division have been unsuccessful.

It is clear that the National Health Service has altered the emphasis in antenatal care, and that in future clinical supervision will be carried out more and more by the family doctor. It behoves the health department therefore to recognise this altered emphasis and concentrate on the visiting of expectant mothers to ensure that they are making use of the facilities available, and to provide antenatal instruction and relaxation exercise classes. The latter have been provided in this area and are fairly well attended. It is to be hoped that a resumption of health visiting of expectant mothers will not be long delayed. In fact, progress in antenatal care depends upon health education of the expectant mother, and upon the realisation of its importance by all concerned.

Maternity Cases

TABLE III
CONFINEMENTS ATTENDED BY MIDWIVES PRACTISING
IN THE DIVISION

	Domiciliary Midwives employed by L.H.A.	Midwives Employed in Hospitals	Midwives Practising privately in Nursing Homes	Midwives in private Domiciliary Practice	All Midwives
1949	150	258	58	—	466
1950	148	372	4	—	524
1951	104	454	—	—	558
1952	79	531	—	4	614
1953	96	602	—	2	700

NOTE.—From the year 1951 there have been no private maternity homes in the division.

An examination of the above table reveals that during the past five years there has been a substantial increase in the number of births occurring within the division. This increase has been confined to births occurring in hospital while there has at the same time been a serious falling off in the number of home confinements. In 1949, 10 beds were available for maternity cases in the General Hospital, Otley, and a variable number of beds in St. Winifred's Nursing Home, Ilkley. In 1950, St. Winifred's was closed and accommodation at Otley was increased to 20 beds. During this period, admission was arranged by the West Riding County Council bed booking bureau in accordance with a report on home conditions submitted by the Divisional Medical Officer. Every case where admission to hospital was considered advisable on medical or social grounds was provided with a bed although in a few cases where home conditions were satisfactory the applicant was advised to arrange a home confinement. In December, 1950, St. Winifred's was reopened as a maternity home under the Hospital Management Committee with accommodation of 12 beds. Not long afterwards the committee took over Four Gables Maternity Home, Horsforth, with accommodation for 20 cases. At about the same time, the committee assumed responsibility for the allocation of maternity beds and the requirement that there must be some medical or social reason for admission to hospital was abandoned. So the early months of 1951 saw an entirely different situation. Not only were there more beds available than applications for them, but the close association of the health department with the expectant mother population was severed. This generous provision of beds for normal confinements is reflected in the figures. During 1949 and 1950, little fall in home confinements was shown from the figures prevailing before the introduction of the National Health Service. The year 1951 showed a substantial fall in home confinements and a still further decline in 1952. In 1953, the tendency is reversed to a small extent, partly owing to Government action in introducing a home confinement benefit. In the meantime, hospital confinements have continued to rise, the total for 1953 being nearly twice the corresponding figure for 1949. This high total is partly due to an increase in the number of births in the area and partly due to the admission of cases from places outside the usual catchment area.

Although it is the policy of the Ministry of Health to encourage home confinements where home conditions are suitable in order to reduce the high cost of the maternity service and although the County Council employ seven district nurse-midwives in the division who are capable of dealing with many more maternity cases than at present, it is unlikely that there will be any

substantial increase in domiciliary midwifery in the area. Both St. Winifred's Maternity Home and the Otley General Hospital are general practitioner hospitals and the doctors prefer dealing in hospital with any cases where their help is required. Their advice is therefore in favour of hospital confinements.

Infant Mortality

The success of a maternity and child welfare unit may to some extent be judged by the infantile mortality ; although in a unit where numbers are small, fluctuations are liable to occur, and it is easy to be misled. Infant mortality may be further divided into those who die during the neonatal period, i.e. the first four weeks of life and those who die after the neonatal period, but before attaining the age of one year. Neonatal deaths are almost always due to prematurity, congenital abnormality or birth injury. A high neonatal death rate should lead to a close scrutiny of antenatal care, and the technique of the confinement. A high death rate of infants after the first four weeks of life would justify a searching examination of methods of infant care in the area and particularly of the work of the Health Visitors who have a statutory obligation to visit all infants shortly after birth.

TABLE IV

DEATHS OF INFANTS UNDER ONE YEAR OF AGE PER 1,000 LIVE BIRTHS

<i>Year</i>		<i>Ilkley</i>		<i>Otley</i>		<i>Wharfedale</i>		<i>Division</i>
1949	...	33	...	16	...	24	...	25
1950	...	34	...	—	...	12	...	19
1951	...	36	...	6	...	—	...	20
1952	...	36	...	41	...	14	...	35
1953	...	22	...	47	...	28	...	32

The above table sets out the infant mortality rates for the three districts in the division for the past five years. It shows a fairly steady figure for Ilkley and wide fluctuations in the Otley and Wharfedale districts. It must be remembered that such figures do not justify any general conclusions. The next table shows the numbers of infant deaths in the three districts divided into deaths during the neonatal period and afterwards.

TABLE V

INFANT DEATHS

(Deaths under four weeks and deaths under one year.)

	ILKLEY			OTLEY			WHARFEDALE		
	Under 4 weeks	4 weeks but under 1 year	Total Infants	Under 4 weeks	4 weeks but under 1 year	Total Infants	Under 4 weeks	4 weeks but under 1 year	Total Infants
1949	3	4	7	2	1	3	1	1	2
1950	8	—	8	—	—	—	1	—	1
1951	6	2	8	—	1	1	—	—	—
1952	4	3	7	5	2	7	1	—	1
1953	5	—	5	9	—	9	2	—	2

An examination of this table reveals that during the five year period no less than 47 infants died before reaching the age of four weeks and only 14 deaths after this age occurred. It is also disturbing to find that in 1953 there were 16 neonatal deaths, and to realise that 12 of these deaths were due to prematurity, a subject which is dealt with fully in the next section of this report.

The figures given above, while they do not justify dogmatic statements, suggest at least that, although parental care and health visiting are giving satisfactory results, there is a field for investigation in seeking out any possible causes for this rather high neonatal mortality rate. Neonatal mortality is linked with stillbirth, as the same causes may determine that a child is born dead or has little chance of survival beyond four weeks. When we realise that in 1946 the neonatal mortality rate for New Zealand was 7 per 1,000 live births, we can hardly rest content with a figure of 32 in 1953 for this division.

Premature Births

On looking back over the last five years one cannot fail to be struck by the loss of potential infant life due to prematurity. Any baby weighing $5\frac{1}{2}$ lbs. or less at birth is regarded as being premature, although a small proportion of these are probably small mature babies. A figure of 50 premature births per 1,000 live and stillbirths is accepted as a normal figure. The following table shows that only in the year 1949 was the figure below the normal.

TABLE VI

Year		TOTAL BIRTHS		PREMATURE BIRTHS		
		Live	Still	Live	Still	Failed to survive 28 days
1949	Institutional	316	6	15	—	—
	Domiciliary	149	9	1	2	—
1950	Institutional	333	5	24	3	5
	Domiciliary	165	5	12	3	—
1951	Institutional	356	8	24	7	4
	Domiciliary	109	3	3	—	2
1952	Institutional	345	10	24	6	3
	Domiciliary	85	2	7	—	1
1953	Institutional	408	12	35	7	9
	Domiciliary	102	1	4	1	3

Unfortunately details of premature births are only available for the past four years. The incidence of prematurity according to districts is given in the next table.

TABLE VII

		<i>Ilkley U.D.</i>	<i>Otley U.D.</i>	<i>Wharfedale R.D.</i>
1950	Total live and stillbirths	240	173	84
	Prem. Births	23	13	6
	Rate per 1,000	96	75	71
1951	Total live and stillbirths	228	163	84
	Prem. Births	15	14	5
	Rate per 1,000	66	86	59
1952	Total live and stillbirths	200	172	73
	Prem. Births	21	14	2
	Rate per 1,000	105	81	27
1953	Total live and stillbirths	243	204	74
	Prem. Births	16	28	3
	Rate per 1,000	66	137	40

The above table shows that there is a higher incidence of prematurity among the inhabitants of the two urban districts than among those of the rural district. It also indicates a very high rate for the Otley district during 1953.

It is generally acknowledged that the factors which may affect the incidence of prematurity are : employment of mother late in pregnancy, poor economic position of the family, bad housing, and the adequacy or otherwise of antenatal supervision and instruction. In view of the high incidence of prematurity in the division, especially in the year 1953, all premature births which occurred in that year were reinvestigated and reviewed.

Of the 47 children born prematurely during the year 8 (4 sets) were twins. It was impossible to get reliable information about one set of twins and 3 other children. It was however possible to get full information about 42 children, including 3 sets of twins. Only 3 mothers, including the mother of one set of twins, worked until shortly before their confinements. Three mothers, including two mothers of twins were living in bad housing conditions and in four other cases the economic position was difficult. It may therefore be said poverty, bad housing, and working late in the pregnancy played little part as likely causes of prematurity. On the whole, the standard of antenatal care seemed to be satisfactory. In only 3 cases was no blood test taken and in only 2 cases were the blood pressure and urine never tested. About one half were not weighed during pregnancy and only 13 mothers received any antenatal instruction. All the women except four stated that they took the extra milk and vitamins provided under the Welfare Food Scheme. Most mothers attended regularly for supervision and in only 5 cases was attendance infrequent and inadequate. Of the 35 mothers who attended the Otley Antenatal Clinic during the year, 3 were confined prematurely, but in two of these cases the pregnancy was abnormal and the patients were referred to consultants. Of the 101 women who attended classes for antenatal exercises and instruction, only 4 gave birth to premature babies. Three were confined at the expected date and produced children weighing 5 lbs. 4 ozs., 5 lbs., 4½ ozs. (these were probably small mature babies) and twins of which one born alive weighed 6 lbs. 1 oz. and the other born dead weighed 3 lbs. 8 oz. The other woman attended only a few times and developed toxæmia after she ceased attendance. No very clear guide emerges from these facts. There is no evidence that working late in pregnancy, bad housing, poverty or inadequate antenatal supervision had any influence in this area on the incidence of prematurity, although it appeared that the quality of antenatal supervision varied. There was a deficiency of antenatal instruction and it seems not unreasonable to expect that an improvement in antenatal instruction would help to reduce the prematurity rate.

The incontrovertible facts are that in 1953, prematurity in this division was the cause of 8 stillbirths and 12 neonatal deaths, and that the prematurity rate for the area is high and shows a tendency to rise. Another disturbing factor is that not only had this division a high prematurity rate during 1953, but the survival rate of premature babies born alive was the lowest among the 30 divisions into which the West Riding County is divided. The average survival rate of live premature babies for the whole county was 83.7%. For the division made up of the Otley and Ilkley Urban and the Wharfedale Rural Districts, the rate was 69.2%. The fact that 7 of these stillbirths and 9 of these deaths took place in hospitals certainly merits the attention of the hospital authorities.

Before leaving the subject of prematurity, two quotations from the annual reports of the late Dr. W. E. Bennett, for many years Medical Officer of Health for Otley, may be of interest. In the report for the year 1914 he wrote : " One of the chief causes of infantile deaths is seen in the returns. They are : Prematurity, congenital defects, including such as Atrophy, Marasmus, Debility. The great majority of these occurred within the first three months of life, 9 of the 24 deaths under four weeks, evidently no environmental conditions applied to the infant so far, can diminish this mortality, we must

bring such influences as affect the child in embryo, from the time of its conception to its birth, we must discover what conditions brought to bear upon the mother will bring about a better state of health in her, and through her in the child. This touches upon a big subject, viz.: the transmissibility of disease, the home, conditions of labour and habits. The industrial employment of women is a big subject, especially when it touches the reduction of the acuteness of poverty, it may even tend to lower the rate of infant mortality. The time will come when those who are to become mothers will be prohibited from work for two or three months before lying-up, and for a similar period after confinement, and here comes the work of the Health Visitor who will ultimately be responsible for her welfare until the birth of the child, then for the welfare of the child during its infancy and childhood until it comes into the hands of the School Medical Inspector."

This prophetic comment was followed in the report for 1919 by further remarks about prematurity: "You will see by the above returns that above one half of the deaths were due to premature births, viz., 8. A cause over which at present I have little control. When the Council can get a Maternity and Child Welfare Scheme adopted, one will have more chance to try and control the infant deaths due to premature birth and congenital debility, etc.

"I have still to say that the death rate during the first months of life has been practically unchanged for years. The deaths from one year upwards progressively declined. I think a Maternity and Child Welfare Centre would be able to guide and advise the mother so as to look after herself before the birth of the child, and I say again and again, if a little more interest were taken in the child before its birth and at least until it is twelve months old, or longer if the conditions warrant it, the child would live to a ripe old age and be a valuable asset to the town."

Health Visitors

The two quotations from these old Otley annual reports remind us of the importance of the Health Visitor in reducing infant mortality and promoting the health of mother and child. During the war, the number of Health Visitors was reduced to a minimum and was inadequate for what was then their field of work. The introduction of the National Health Service extended the range of the Health Visitor's duties, and she became advisor and educator of the whole family and ceased to be concerned only with mother and child. One of the first tasks therefore was to build up the staff of Health Visitors and to co-ordinate their work.

When this division was formed, the Ilkley U.D.C. maintained a Health Visitor who worked in Ilkley, Burley, Menston and Burley Woodhead, and who confined her attentions to expectant mothers and children under 5. Children of school age in the Ilkley district were the responsibility of a Health Visitor whose principal duties were in Baildon, and who also did health visiting and school nursing in the parishes of Nesfield, Middleton, Denton, Timble Great and Blubberhouses. Otley had one Health Visitor who attended also a clinic at Horsforth and looked after the parishes of Askwith, Weston and Newall-with-Clifton, and also Snowdon Moor. A Health Visitor from Guiseley visited Bramhope and Carlton. The District Nurse at Pool also undertook health visiting in that parish and in Arthington, Castley, part of Norwood, Farnley, Lindley, Leathley and Stainburn; while a district nurse from Darley dealt with Fewston, part of Norwood, Timble Little, including Snowden Bank Bottom. There were therefore many loose ends to be collected.

Prior to the introduction of the National Health Service, it was possible to obtain the services of one more Health Visitor who assisted in Otley and took over all the work in the Wharfedale Rural District except the parishes of Nesfield, Middleton and Denton. At the beginning of the period under review, there were therefore three Health Visitors in the division; one for Otley, one for the Ilkley district, and one for the Wharfedale Rural District. They were helped from time to time by the temporary employment of nurses

and unqualified assistants, but this proved unsatisfactory. It was not until 1950 that it was possible to place the health visiting service on a more satisfactory basis. At the end of that year the distribution of Health Visitors was as follows :-

Otley 2 Health Visitors
 Wharfedale Rural area 1 Health Visitor
 Ilkley and surrounding parishes 1 Health Visitor
 Burley and Menston 1 Health Visitor.

In addition, a part-time Health Visitor undertook special visiting in connection with the allocation and work of the Home Helps.

In the middle of 1951, two more Health Visitors were appointed, but this was not entirely satisfactory as the work became somewhat unbalanced, and by the end of 1953, the number had again reverted to 5½.

TABLE VIII

Year	Visits to Expectant Mothers	Visits to Children 0-1 years	Visits to Children 1-5 years	Other Visits	Total Visits
1949 ...	368	3,049	3,402	625	7,444
1950 ...	154	3,451	4,545	2,054	10,204
1951 ...	193	4,024	6,101	2,875	13,193
1952 ...	293	4,681	7,759	2,732	15,465
1953 ...	179	3,328	6,634	3,660	1,3801

The above table showing visits paid illustrates what has occurred during the period. Visits to children under 5 years have remained the principal duty of the Health Visitor. In 1949, attention was concentrated on the very young baby ; later it was possible to pay more attention to children over 1 year of age, while each year other visiting has arisen, illustrating the more general responsibilities demanded of the Health Visitor.

Tuberculosis visiting was carried out until July 31st, 1953, by a special Tuberculosis Health Visitor who devoted part of her time to visiting cases in this division. After her retirement, this work was undertaken by the Health Visitors in the division. The rise in the volume of visiting does not correspond entirely with the fluctuations in health visiting staff because clinic duties have increased considerably particularly during the winter months when U.V. Light Clinics are held twice a week at both Ilkley and Otley. A considerable increase in treatment of minor ailments of school children has made further inroads into the health visitors' time, while it is regrettable to record that the preparation and submission of returns and reports and other clerical work has increased.

Child Welfare Centres

When this division was formed, the four existing child welfare centres were taken over, namely, Ilkley, Burley, Menston and Otley. In 1949, a new centre was opened at the Craven Institute, Bramhope, and in 1951, a baby weighing clinic was started at Pool-in-Wharfedale.

TABLE IX

ATTENDANCE AT CHILD WELFARE CENTRES

Year	Children attending the Centres for the first time				Total attendance of all Children			
	Under 1 year		Over 1 year		Under 1 year		Over 1 year	

1949	308	75	5,219	3,029	...	...	...	...
1950	268	28	5,352	3,213	...	...	...	...
1951	363	61	4,918	3,806	...	...	...	...
1952	316	48	4,897	3,501	...	...	...	...
1953	322	53	5,064	3,472	...	...	...	...

Table IX shows that taking the division as a whole, the attendances at clinics has remained very steady. This is surprising when one considers the different circumstances under which clinics are held now and previously. Before the advent of the National Health Service, mothers brought their babies to the clinic, at least partly, to obtain free medical advice and medicine from the clinic doctors. After the appointed day, this was obtainable without cost from the family doctor. A big inducement to attend the clinic was thus removed. Now the clinic concentrates on giving advice and health education and on solving the mother's minor worries. The sale of milk foods is diminishing and only a few simple remedies are stocked. In spite of the changes which the National Health Service introduced, the Child Welfare Clinic has still managed to survive and serve a useful purpose.

Although clinic attendances in the division as a whole have remained steady, there have been some local fluctuations. This has been partly due to changes of Health Visitor staff, but mainly caused by a shift of population. The extensive building of houses in Ben Rhydding and Burley has removed many families from close proximity to the Ilkley Clinic and there is a growing tendency for the numbers attending this clinic to fall.

TABLE X
ATTENDANCES

Child Welfare Centre	1949		1950		1951		1952		1953	
	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year	Under 1 Year	Over 1 Year
Otley ...	2,275	1,588	2,356	1,515	2,324	1,616	2,072	1,483	2,509	1,408
Ilkley ...	1,612	657	1,647	714	1,350	939	1,165	874	1,127	945
Burley ...	791	307	757	433	517	632	974	576	852	540
Menston	288	226	348	296	300	346	316	240	317	229
Bramhope	253	251	244	255	323	221	300	248	259	350
Pool ...	—	—	—	—	104	52	70	80	172	126

This table shows that the clinic at Otley has maintained a high and steady average attendance. Ilkley has fallen off while Burley shows a corresponding increase. Menston and Bramhope show very little change.

Day Nurseries

Before leaving the subject of the care of the young child, it is appropriate to mention the very useful place taken by the day nursery. It makes a rather sad story as at present the day nursery has few friends, largely due to a failure by those in authority to realise the useful part which the day nursery can play in the care of young children. After the war, three day nurseries in this division were taken over from the Government, and when they came under the supervision of the Divisional Medical Officer they left much to be desired in staff, equipment and method. After considerable effort, the Ilkley and Burley Day Nurseries were raised to a standard which enabled them to be approved by the Ministries of Health and Education as training nurseries: but owing to staffing difficulties, the Otley Day Nursery did not obtain approval until early in 1953. In this division, the mental and physical health and welfare of the individual child has always been the sole criterion of eligibility for admission to a day nursery, and this policy was broadly that of the local Health Authority. Recently, however, other counsels have prevailed, a policy of closure of nurseries has been adopted and rigid instructions limiting admission to cases where the mother is the sole support of the family or where the father is deprived of his wife's help owing to illness, death, divorce or separation, have been issued. It will no longer be possible to admit the child living in really bad housing or with no facilities for play or no companionship. It will no longer be possible to solve those difficult behaviour problems which have so often in the past been remedied by a stay at a day nursery. Although this new policy has already done incalculable harm to the morale of staff and parents connected with day nurseries, there is still an important place for day nurseries in any well balanced health scheme.

TABLE XI
AVERAGE DAILY ATTENDANCES

Year	<i>Ilkley Day Nursery</i>		<i>Burley Day Nursery</i>		<i>Otley Day Nursery</i>	
	0-2 Yrs.	2-5 Years.	0-2 Yrs.	2-5 Yrs.	0-2 Years	2-5 Yrs.
1949 ...	13	24	10	18	8	23
1950 ...	13	22	8	19	7	20
1951 ...	12	20	7	19	6	23
1952 ...	11	21	9	22	5	20
1953 ...	11	20	7	20	4	21

Co-operation with General Practitioners

In a Health Service divided between three administrative authorities, close co-operation at all levels is essential if the best use is to be made of the facilities available. Unfortunately the relationship between the local health service and the general practitioners was clouded by a feeling on the part of the latter that the Medical Officer of Health and his Health Visitors were intervening between the doctor and his patients. Whatever truth there was in this suspicion in the past, the National Health Service changed all that and it became essential that the family doctor and the Health Visitor should work in collaboration and not in opposition, and that the relations of the Medical Officer of Health with the local medical profession should be cordial. Every effort has been made to encourage close co-operation although it has proved easier to pay lip service to the idea than to produce a practical scheme whereby the family doctor can readily obtain the services of a Health Visitor when needed. The necessity for closer co-operation has however become more clearly recognised and a start has been made by allocating one Health Visitor to act as liaison with one firm of doctors in Otley. She attends the afternoon surgeries on two days a week and undertakes investigations required or sees that instructions are carried out. She conveys instructions and requests about patients to other Health Visitors in whose area they reside. This experiment has made a good start and will be followed up.

Co-operation with Hospitals

Before the Otley Hospital was taken over, it was a local health authority's hospital and the medical superintendent was in close touch with neighbouring medical officers of health. A liaison Health Visitor had been appointed to assist in the after care of patients discharged from hospital and to pass on to the staff of the newly created public health divisions the advice and instructions of the hospital staff. This was a good arrangement which worked well and which offered the prospect of close co-operation when the hospital was taken over by the Regional Hospital Board. The first setback was the abolition of the post of medical superintendent. This deprived the Medical Officer of Health and local practitioners of anyone in authority with whom purely medical matters could be discussed. Frequent changes of resident staff at the hospital have only served to accentuate this deprivation. Fortunately it has continued to be possible to arrange for a Health Visitor to pay regular liaison visits to the hospital and she remains the main channel of information about patients resident in or leaving the hospital. The Coronation Hospital and St. Winifred's Nursing Home at Ilkley have no resident medical staff, and requests for local Health services usually emanate from the matrons or one of the local doctors.

The Hospital, Middleton, is under a medical superintendent with whom relations have always been cordial. It has been possible to arrange for a Health Visitor from each end of the division to visit the hospital alternately on Fridays. They provide the necessary liaison between the hospital staff and the local health staff in connection with after-care and contact tracing, while direct communication between the medical superintendent and Divisional Medical Officer is available if difficulties arise.

Early in 1951, the necessity for closer relations between hospitals and health services became more clearly recognised and this was emphasised by a circular from the Ministry of Health urging the formation of medical advisory committees, of which the local Medical Officer of Health should be a member. In July, 1951, the Divisional Medical Officer was co-opted as a member of the Medical Advisory Committee of the Middleton and Grassington Hospital Management Committee. It was some months later, and only after representations by the Otley U.D.C. that a similar invitation was extended by the Ilkley and Otley Hospital Management Committee. This link with professional colleagues could be a valuable aid to co-operation, but the meetings of the Ilkley and Otley Medical Advisory Committee are so rare that the value of fairly frequent personal contact is lost. There was in fact only one meeting of the committee during 1952.

District Nursing

Before the advent of the National Health Service, this division comprising the urban districts of Ilkley and Otley and the rural district of Wharfedale was served by no less than 7 District Nursing Associations. These voluntary organisations had done magnificent work by collecting funds and providing district nurses, but the services provided had become so important to the national health that it was deemed advisable for them to be co-ordinated and amalgamated into a local health service. At first, opinion favoured a separation of midwifery from home nursing, but although this may have been theoretically desirable, it is practically difficult to achieve. In only one instance was this policy adopted in this division. The two Ilkley nurses agreed to divide their duties and one became a full-time midwife and the other a full-time home nurse. In Burley, the district nurse undertook home nursing in Burley and midwifery in Burley, and also in Menston where the nurse was not qualified in midwifery. The nurse at Pool undertook both duties in the parish and also in Bramhope, Carlton, Arthington, Castley, Stainburn, Leathley, Lindley and Farnley. In Otley there were two home nurses who undertook no midwifery. They covered also the parishes of Newall-with-Clifton, Norwood, the Timbles, Blubberhouses and Fewston. A midwife was also employed who covered the same area. In order to ensure proper days and weekends off, and to provide for holiday periods, a part-time relief district nurse was employed. This new set-up settled down quite happily and few difficulties arose, largely due to the helpful attitude of the District Nursing Associations who were being robbed of their functions.

In the course of time, certain changes have occurred. There was not enough work in Menston to justify the employment of a full-time nurse. The War Memorial Cottage there is now occupied by a full-time relief nurse/midwife, and the routine work of the village is carried out by one of the Otley nurses. Work at Ilkley and Burley has remained unchanged except that the fall in home confinements has caused the Ilkley midwife to be under-employed. At Otley, various changes have taken place, and three home nurse/midwives are now employed and their area includes Menston. A plan to convert the Otley Nurses' Home into three flats, while it may cause some temporary difficulties, will eventually provide more suitable housing for the Otley nurses.

The table given below shows a very steady average of work done. The somewhat lower figures for 1952 were due to staffing difficulties in connection with Otley and Menston which needed the employment of temporary staff and help from another division for a period of several months.

TABLE XII

Year		Whole Time Home Nursing Staff		Cases Dealt with		Total Visits made
1949	...	6	...	935	...	14,723
1950	...	6	...	1,010	...	15,579
1951	...	6	...	915	...	15,149
1952	...	6	...	868	...	13,901
1953	...	6	...	978	...	15,487

Home Helps

The local Health Authority was exploring virgin ground when it embarked on the organisation of a home help service, and there was little past experience on which to draw. This division had its full share of teething troubles and there were times when the difficulties appeared almost insuperable. Experience has proved beyond doubt that the bases on which the service must be founded are a sound clerical system and competent supervision. At first both these essentials were lacking and progress erratic, but when these difficulties had been remedied, steady progress was achieved.

In this division, only part time home helps are employed, although some of the women are prepared to do occasional spells of full-time work on confinement cases. The recruitment of suitable women is of paramount importance while close scrutiny of requests for home help is necessary. Regular visiting of recipients of home help is essential to confirm that the home help is actually doing the work, and to ensure that abuses do not arise. All these duties are carried out by a part-time home help organiser, while the office end of the work is dealt with by an experienced member of the clerical staff. At the inception of the scheme, the establishment of home helps for this division was the equivalent of 6 full-time workers. At the end of 1953, this number had risen to 13. The service is costly, but it has proved a good investment.

TABLE XIII
TYPES OF CASES DEALT WITH AND TOTAL HOURS WORKED

Year	Ill	Lying-in	Expectant Mothers	Mental Defectives	Aged	Children	Total Cases	Total Hours
1949	51	31	2	—	15	—	99	12,955
1950	41	37	2	—	56	3	139	16,830
1951	52	23	4	1	77	4	161	21,035
1952	41	20	5	—	96	3	165	21,016
1953	27	25	3	—	105	1	161	24,781

This table shows the work done by the home help service over the five year period. The striking features of these figures are a doubling of the total number of hours worked and a very great increase in help given to the aged. Many of these old people would have had to be removed to homes or hospitals if home help had not been available, and a big expense to public funds was thereby saved. Help to mothers being confined at home has not developed as at first appeared likely. This is attributable to the generous provision in the area of hospital beds for normal deliveries, and the consequent fall in home confinements. The fall in the demand for home help for cases of illness reflects the development of the hospital service and the greater ease of admission to hospital.

The home help service has come to stay in spite of its cost and the difficulties of administration. It has filled an urgent need, but too much must not be expected of it. It cannot be expected to cope with the aged person in need of constant care and attention. Such persons require institutional accommodation, but too often fail to receive it owing to the divided responsibility between the hospital service and the Welfare Department. There is a need for a home for old persons who need a fair amount of care but no real nursing, and particularly for those old people whose mental deterioration has been more rapid than the decay of physical powers. Such persons are at present a most difficult problem as they require more supervision than can be given in a welfare home and yet do not need hospital nursing. The home help service usually has to try to cope with the situation and this puts a heavy strain on its resources.

Vaccination and Immunisation

One of the services for which the local health authority became responsible was vaccination and immunisation. Before the appointed day, vaccination against smallpox was compulsory with a clause to allow for conscientious objection, and the work was done free of charge by public vaccinators appointed and paid by the Ministry of Health. Immunisation against diphtheria had always been voluntary, and was carried out at clinics and by general practitioners.

After the introduction of the National Health Service, vaccination became voluntary and could be carried out either at a child welfare clinic or by the family doctor. In the latter case, a fee was paid by the local health authority for the submission of a record of vaccinations carried out. The same principles were applied to immunisation. Free calf lymph for vaccination and free vaccine for immunisation were supplied by the Ministry of Health. In 1952, the West Riding County Council decided to introduce at its own expense free inoculation against whooping cough and agreed to pay for the record as in the case of vaccination and immunisation.

The figures of vaccinations and immunisations are given in Table XIV.

TABLE XIV

Year	VACCINATION			IMMUNISATION		
	Primary vaccination	Re- Total		Primary	Booster	Total
1949	226	39	265	389	241	630
1950	1,199	446	1,643	398	254	652
1951	326	101	427	403	222	625
1952	326	83	409	443	600	1,043
1953	3,416	4,431	7,847	309	316	625

In this table the figures for vaccination are of little value. The large numbers vaccinated in 1950 and 1953 illustrate the reaction of a fairly enlightened area to the alarm caused by the Brighton epidemic and the outbreak much nearer home in Halifax and Todmorden. The Immunisation figures reveal a fairly satisfactory level of protection until 1953, when there is a serious drop. An investigation is now proceeding to ascertain whether this drop is real or is due to slackness in submitting records. In any case, figures for vaccination and immunisation are far from reliable. The table suggests that of the 1860 children born in the years 1949 to 1952 inclusive, 1,560 were immunised in the years 1950 to 1953 inclusive, or approximately 84%. —

The situation is however not so favourable as it appears to be because the figures for primary immunisations include a considerable number of children immunised for the first time shortly after entering school. The level of protection of children under 5 years is therefore not nearly as high as 84%. A recent investigation of the immunisation state at the end of 1953 of children born in 1952 showed only 44% protected. This last figure is probably on the low side.

Figures for inoculation against whooping cough are not given as this preventive measure is still not fully tried. Early results suggest that it is highly successful in preventing a severe attack of whooping cough. Every case of this disease notified during the past 18 months has been investigated, and no case of severe whooping cough in an inoculated child has been reported, and less than 10 cases of very mild disease. We are now waiting for a reliable vaccine which will protect against both diphtheria and whooping cough and thereby reduce the number of injections which the baby has to endure.

Tuberculosis

When this health division was formed, the tuberculosis registers of the three constituent districts were taken over and were found to be swollen by a large number of names of persons who had been evacuated to the area during the war and had afterwards left the district. During the first two years of the period under review, efforts were made to check the register and remove the names of those who had recovered, died, or left the district. In 1951, it was possible to revise the registers and to reduce the number on the roll to approximately half the figure for 1949. By the end of 1953, this number had been reduced by a further 25%.

TABLE XV
TUBERCULOSIS NOTIFICATION

New Notifications received during the year. *

Year	Pulmonary		Non-Pulmonary		Total Cases	
	Male	Female	Male	Female	Male	Female
1949	21	7	5	6	26	13
1950	22	10	6	5	28	15
1951	20	20	3	2	23	22
1952	20	16	5	3	25	19
1953	22	18	5	1	27	19

* The term "Notification" covers all admissions to the register either by formal notification or from other sources.

TABLE XVI
CASES REMAINING ON REGISTERS EACH YEAR END

Year	ILKLEY				OTLEY				WHARFEDALE				Divisional Area
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Total Cases on Registers
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1949	128	76	46	40	55	35	25	18	26	16	7	12	484
1950	130	76	47	41	34	23	9	15	31	16	8	12	442
1951	53	24	11	7	38	24	10	8	27	22	8	13	245
1952	60	29	12	8	38	27	12	8	15	11	2	4	226
1953	47	31	8	5	38	28	6	4	14	7	—	1	189

During the five years, additions to the register have shown little change. This is to some extent caused by transfers from other districts due to the custom of employing ex-patients on the staff of the Middleton Hospital. They then become temporary residents and have to be transferred to the tuberculosis register of a district in this division. While pulmonary tuberculosis has shown little change, tuberculosis of presumably bovine origin has declined as it has done elsewhere in the United Kingdom owing to the great increase in the production and sale of milk which is either from a tuberculin tested herd or has been pasteurised. By close co-operation with the medical superintendent of Middleton Hospital, it has been possible to obtain a much clearer picture of the prevention, care and after-care of tuberculosis. Before leaving the subject, it is encouraging to record that the housing situation in all three districts has greatly improved, and there is good reason to hope that this improvement in housing will have its effect upon the tuberculosis figures of the next quinquennial period.

The Neglected Child

Before the National Health Service Act the Health Visitor was the child life protection officer, and it was her duty to ascertain if there were any children in her area neglected or cruelly treated, and take appropriate action. The Children Act, 1948, created the Children's Officer and thereby a new department in local government, and the Health Visitor lost her exclusive responsibility. It soon became evident that the Children's Department was unable to fill the vacuum and numerous voluntary and official bodies became increasingly interested in the problem. By 1951, it became evident that far too many people were visiting families where there was any suspicion of cruelty or neglect. During that year as the result of a joint circular from the Ministries of Health and Education and the Home Office, committees were set up in each Public Health Division in the West Riding to co-ordinate action in cases of children cruelly treated or neglected in their homes. The Divisional Medical Officer was appointed chairman and convener of the committee. Representatives from the following official and voluntary bodies were invited to join the committee :- Health Department, Education Department, Welfare Department, Children's Department, Probation Officer, Local District Council, N.S.P.C.C.

During the two years that the committee has been in existence 25 cases have received consideration. In each case the circumstances are considered in detail and a decision is made as to appropriate action, and by whom that action is to be taken. The committee have the advantage of the intimate local knowledge of its various members and overlapping and excessive visiting of families is thereby avoided. Although this committee deals only with the neglected child, it has the added value that it brings together representatives of departments which cover a wider field and has certainly promoted closer co-operation with other branches of social welfare.

At the beginning of 1949, Wheatley Lawn Nursery was the only home in this division for children deprived of home care. It had been opened in November, 1946, for 30 children between the ages of 2 and 5 years. It now caters for children of all ages below 5 years. In April, 1949, a home for boys of school age was established at The Court, Burley-in-Wharfedale. In April, 1952, Inglewood, Bradford Road, Otley, was adapted for the use of boys and girls of school age. At the end of 1952, a home for older boys was transferred from Oakroyd Hall, Birkenshaw, to Hilltop, Ilkley. There are therefore approximately 100 deprived children resident in the area. They receive medical treatment from a general practitioner on whose list they are, but their health is under the supervision of the Divisional Medical Officer. Children below the age of 5 years are examined once a month and children of school age twice a year, and biennial reports on each of these homes are submitted for the information of the local health authority.

The School Health Service

No review of the work of the last five years would be complete if reference to the school health service was omitted. The Education Act, 1944, made it the duty of the local Education Authority to provide for school medical inspections and to see that free medical treatment was made available for any school child in need of it. The advent of the National Health Service enabled the school child to obtain free treatment from the family doctor, but that did not lessen the duty of the school health department to seek out defects and to use every effort to see that these defects were properly dealt with. Inevitably as time went on, more of this work has been undertaken by the family doctor and the hospital service. It has been fully recognised by the Ministry of Health and Education that the School Medical Officer should be furnished with copies of reports about school children who receive treatment in hospital. The desirability of keeping the School Medical Officer informed has now been agreed to by both hospitals and general practitioners, although somewhat reluctantly, and it would be an exaggeration to pretend that the submission of reports by hospitals was either invariable or even regular.

TABLE XVII
RECORD OF EXAMINATIONS CARRIED OUT AND DEFECTS FOUND

Year	Total Examinations	NUTRITIONAL STATE			DEFECTS FOUND			Special Inspections and re-inspections of Pupils having Defects
		Good %	Fair %	Poor %	Defective Vision excluding Squint	Other Defects	Total Pupils showing Defects	
1949	1,404	*	*	0.3	75	114	187	617
1950	1,502	61.7	38.1	0.2	106	187	293	632
1951	1,339	78.1	21.7	0.2	84	189	272	352
1952	1,542	88.7	11.2	0.1	113	233	338	643
1953	1,374	88.4	11.4	0.2	85	209	289	170

* Figures not available.

Table XVII records the work carried out over the five year period. It shows a high nutritional standard and a fairly steady percentage of defects. Many of these are comparatively trivial, but it is important that they should be detected and treated at an early stage. In the coming year, it is proposed to introduce an extra examination at about 8 years old. There are also proposals for the tuberculin testing of school entrants and the vaccination with B.C.G. of school leavers. These new tasks are no doubt highly desirable, but no mention has been made of extra staff to carry out the work. It is essential that these new duties should not be allowed to interfere with the paramount duty of routine medical inspection.

Health Education

During the past five years there has been a growing realisation of the importance of health education. It has become increasingly essential that the Health Visitor should be able to convey to parents and children a knowledge of the principles of healthy living. This is a subject which gets crowded out of the school curriculum. It is apparently more important that a school child should have a superficial knowledge of architecture than be grounded in the rudiments of healthy living. A small and quite inadequate start has been made in an effort to overcome the school child's abysmal ignorance of the workings of his own body. For the past two years, classes have been held regularly in the Modern Schools at Otley and Ilkley. At these classes, a Health Visitor has given instruction to older girls in elementary hygiene and mothercraft. Much more needs to be done, but the staff with the necessary training and flair for teaching is lacking. This lack has so far made it impossible to introduce systematic group teaching of parents, although much individual instruction is given. A successful Health Exhibition was held in the summer of 1951 at Ilkley, and helped to make the public realise what was being done for them by the local District Council and the local Health Authority. Occasional showings of films and film strips have been moderately successful, and is a means of propaganda which will be further developed in future.

Mental Health

When we think that over 60,000 admissions to mental hospitals occur each year and realise the enormous cost to the country in money and loss of efficiency, we cannot fail to be impressed with the importance of this aspect of public health. At present the prevention of mental ill-health is in its infancy, and there are many gaps in our knowledge of how it should be done. Much of this mental ill-health is due to the stress of modern life and the failure of the individual to adapt himself to the difficult situations thereby created. Any

large scale attack on this problem is handicapped by lack of suitable training of those who should be at the forefront of the battle ; the doctors, nurses and teachers. Only in the course of time will a new generation of these workers be possessed of the skill and training which will enable them to pass on to the public their knowledge of how human relationships may be adjusted, and of how the individual can best fit himself into his environment.

In this division, progress has been made in the ascertainment and supervision of mental defectives and it is probable that all mental defectives in the area are known and supervised where necessary. The prevention of mental defect opens up knotty problems of genetics which are at present unsolved. After-care of mental illness has not been started while prevention is a matter for the future. It may be that in a few years preventive methods may have reduced the population of our mental hospitals as they have done in the case of hospitals for infectious disease.

Conclusion

Considerations of space have necessitated rather brief treatment of some aspects of the work of the past five years. During that period the public health divisions in the West Riding County Council have become firmly established and the administration of local health authority services are now working smoothly. It is safe to prophecy that the next five years will also see great changes in the services which minister to the health of the public. There seems to be a growing realisation that the public health divisions as at present constituted are too small ; that a closer blending of hospital and local health services is desirable and that the people who are at the receiving end of those services should have more say in policy and administration. It is to be hoped that whatever reforms the future may have in store will lead to a closer link between the three parts of the service and that they will aim at conferring benefit on the individual patient as well as enhancing the general standard of public health.

ILKLEY URBAN DISTRICT COUNCIL
ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR
FOR THE YEAR 1953

SANITARY DEPARTMENT,

LITTLE LANE,

ILKLEY.

April, 1954.

TO THE CHAIRMAN AND MEMBERS OF

ILKLEY URBAN DISTRICT COUNCIL.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present for your information and consideration my report upon the Sanitary Administration and the Environmental Health Services of the Urban District for 1953.

The year under review has in some respects been a difficult one, and the increase in the County Council rate of 2/11d., had the effect of imposing severe restrictions upon expenditure. Economies were called for to avoid further substantial increase in the district rate, and some local essential services had to be curtailed and some schemes of improvement envisaged in 1952 postponed. A reduction in refuse collection and street cleansing staff of 20% was made and complete reorganisation of both refuse collection and street cleansing services had to be carried out. The reduction in personnel, which left the Department with no reserve of labour for emergencies, had an immediate effect upon the period between collections of refuse, which extended from seven to ten days.

The problem of the future means of disposal of refuse, to which so much attention was paid in 1952, received further consideration by the Health Committee, and the allocation of additional funds enabled tipping on a strictly "Controlled" basis to be practised. Whilst this has added to the life of the existing tips, it was not possible to proceed with the acquisition of two further sites which would have provided refuse disposal facilities for a further 15 years. Despite detailed and prolonged consideration, a long-term policy and solution had not been reached by the end of 1953.

The delivery of the Mechanical Sweeper effected improvement in the sanitary condition of the roads in the town's centre, where regular sweeping was carried out, but priority was given to labour shortage in the refuse collection service, and the strength of the refuse collection gangs was maintained only by the use of the manual sweepers, consequently labour was not available for street cleansing, etc., when most required for the control of weeds.

In view of these considerations, the report on Public Cleansing is given at greater length and in greater detail than in previous years.

This gloomy picture is, however, brightened by the conspicuous progress made by the Housing Committee in the erection of Council houses. The erection of 162 new houses made substantial inroads in the list of housing applicants and enabled the Health Committee to proceed with the closure of a number of sub-standard houses and basement dwellings. The standard of hygiene in the catering establishments and food premises generally and the quality of the ice-cream sold in the area has been maintained at a satisfactory level. The provision of new lairage accommodation and other alterations have improved the facilities at the Public Abattoir, which provides slaughtering arrangements adequate for the needs of the Urban area. The Department assumed full control of the street cleansing staff in the Burley and Menston areas and effected an economy in manpower without detriment to the service.

The use of the motor tractor in place of the horse for the refuse collection cart in the Woodhead area also reduced cost without impairing the efficiency of the service. The consumer demand for waste paper, the market for which collapsed in 1952, returned and although the new value of the paper bears little relation to the high prices realised in 1952, the income derived from the sale of salvage made a welcome contribution to the public cleansing costs.

The Sanitary Department, which had occupied part of the wooden hut in the Car Park as offices since March, 1948, was transferred to the new Offices and Garage in Little Lane in August, 1953. In addition to a considerable improvement in the office accommodation, it is especially advantageous to have all the Department's vehicles garaged in one building and under direct supervision and control.

I wish to record my appreciation of the courtesy and consideration which has been accorded to me by the Chairman and Members of the Council, and in particular by the Chairman and Members of the Health Committee, whose progressive attitude and enthusiasm towards the work of the Department have encouraged my efforts.

The presentation of this report gives me the opportunity to commend to your notice the work of Mr. R. S. Dykes, your Additional Sanitary Inspector. Mr. Dykes carries out his duties in an efficient and conscientious manner and I believe some of his work to be of particular value at meetings of the Housing Committee. I wish to express my appreciation of the work of your Sanitary Foreman, Mr. R. A. Lister, particularly for his efforts in the supervision of workmen engaged on refuse collection and street cleansing during a year of labour difficulties, and also to the clerical staff of the Department for their willing co-operation.

I am indebted to the Medical Officer of Health and to other fellow chief officers of the Council for their co-operation and support.

I am,

Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

J. H. WILSON,

Chief Sanitary Inspector.

SECTION I—INSPECTION AND SUPERVISION OF FOOD SUPPLIES

(1) MILK

So far as practicable within the limits of existing legislative control, the Department has sought to ensure a clean, safe and unadulterated supply of milk, and 85 samples were taken as a check upon cleanliness in production and distribution, efficiency of processing, for evidence of adulteration and for the presence of pathogenic organisms.

The number of complaints as to the quality of the milk supply of the area has been negligible and the increasing production and sale of designated milks has contributed to this improvement. Although preliminary enquiries have been made by the Ministry of Food in regard to the specification of this area for the sale of designated milk, no decision had been reached by the end of the year.

(a) Bacteriological Examination

28 Samples were taken and submitted to the Methylene Blue Test, a test which indicates the probable keeping quality of the milk. 3 (or 10.7%) were unsatisfactory, and were samples of milk produced on farms within the Urban area. Investigation at producers' premises following unsatisfactory samples, formerly the work of the local Sanitary Authority, is now carried out by Officers of the Ministry of Agriculture and Fisheries, who took over powers of supervision of milk production at dairy farms in 1949.

(b) Biological Tests

12 Samples of milk were taken for the purpose of examination for the presence of tubercle bacilli, all of which proved negative to the tests.

(c) Heat Treatment

There are two dairy premises in the Urban District properly equipped and licensed for the heat treatment of milk. At the Ilkley dairy the milk is heat-treated by the High-Temperature Short-Time (H.T.S.T.) method, and at Burley the Holder process of pasteurisation is operated.

In addition to heat treatment at local dairies, a quantity of pasteurised and sterilised milk is retailed in the district by distributors whose registered premises are situated in other areas.

During the course of the year, 21 samples were submitted for examination and all were found to satisfy the prescribed tests as to keeping quality and adequacy of heat treatment.

(d) Adulteration

12 Samples of milk were taken in course of delivery from producers and vendors for detection of adulteration. The Analyst reported that in all instances the milk was of the nature, substance and quality demanded by the purchaser.

The average fat content of the 12 samples is 3.8%, with solids-not-fat 8.6%. (1952—fat 3.77%, and solids-not-fat 8.53%.)

(e) Designated Milk

A number of local farmers have sought the advice of the Department as to improvement of their buildings and equipment, and it is gratifying to report that a high proportion of the dairy farms in the Urban District are now licensed by the Ministry of Agriculture and Fisheries for the production of Tuberculin Tested milk. The licensing of local milk distributors for the retail sale of designated milk is a duty of this local authority and the number of licences issued by the Council during the year is as follows :-

Dealer's licences to retail " Tuberculin Tested " milk	...	17
Dealer's licences to bottle " Tuberculin Tested " milk	...	2
Dealer's licences to retail " Pasteurised " milk	...	1
Supplementary licences to retail " Pasteurised " milk	...	5
Supplementary licences to retail " Sterilised " milk	...	3

(f) Dairies and Milkshops

Regular inspection of these premises has been maintained and throughout the year the standard of cleanliness in local dairies has been consistently satisfactory.

At the end of the year there were 5 premises registered as dairies and 13 milk retailers registered as distributors. In four cases distributors use the registered premises of other retailers for the cleansing and storage of cans, bottles and other utensils, and for the storage of milk. Four distributors registered use dairies outside the Urban District.

2. MEAT

(a) Meat Inspection

Prior to the operation of the Livestock (Restriction on Slaughtering) Order of 1940, there were four private slaughter-houses and one Public Abattoir in use in the Urban District. Upon the operation of this Order, three of the private slaughter-houses were closed and slaughtering of food animals was concentrated at the Council's Public Abattoir. Under this scheme of Centralised Slaughtering, all butcher's meat sold in Ilkley, Burley, Menston and Addingham is dealt with at the Public Abattoir. The remaining private slaughterhouse, which was permitted to remain in operation, caters only for the meat consumed at the Scalebor Park Hospital and no sale of meat to the general public is involved.

The Public Abattoir is not requisitioned by the Ministry of Food and the buildings and original equipment remain under the control of the Council, the Ministry paying slaughtering charges according to the number and type of animal dealt with. As an alternative to an increase in the slaughtering charges, the Ministry of Food make an annual grant towards the loss incurred in the maintenance of the Public Abattoir.

The food animals are purchased by the Ministry of Food, and at the inception of the scheme, in order to avoid duplication of inspectorial staff, the Ministry requested that the existing system of meat inspection by the Council's Sanitary Officers be continued. The Council acceded to this request and post-mortem inspection of all carcases, organs and offals of home-killed meat, together with imported meat and offals, is therefore carried out by your Sanitary Officers. The responsibility of these Officers, however, ends with this inspection, and all meat and offals condemned remain the property of the Ministry. The Ministry may call in one of their specialised Officers to dispute any condemnation made, but it is gratifying to report that since the inception of the Scheme no such dispute has arisen.

Whereas prior to the war all condemned meat was taken by the Council and destroyed in the furnaces at the Refuse Destructor or the Gas Works, when the Centralised Slaughtering Scheme was introduced, the Ministry of Food undertook responsibility for the safe custody of condemned meat, and for its mutilation and treatment with a special dye to prevent the possibility of its use for human consumption. Since the closure of the Refuse Destructor and the lack of suitable means now available at the Gas Works, there are at present no adequate facilities in the Urban District for the disposal by incineration of condemned meat and foods. The Ministry employ contractors to collect the condemned meat, and supervision of its collection, transport and subsequent treatment is carried out by the Ministry. It was understood that diseased and unsound meat is so heat treated or processed by the contractor that all infective matter is destroyed and the resulting material used for fertilisers and feeding stuffs, but changes in the method of disposal of condemned meat were made by the Ministry early in 1953. Owing to the doubts which arose as to the proper use of this material, new arrangements were made and assurances given by the Ministry with the object of ensuring that such meat could not be disposed of for human consumption.

The following figures give details, month by month, of the number of animals slaughtered and inspected at the Public Abattoir.

			<i>Bovines</i>		<i>Calves</i>		<i>Sheep</i>		<i>Pigs</i>		<i>Goats</i>
January	...	...	51	...	334	...	20	...	72	...	—
February	...	...	41	...	184	...	25	...	50	...	—
March	...	...	45	...	203	...	33	...	82	...	1
April	...	...	54	...	189	...	27	...	86	...	—
May...	...	...	74	...	159	...	19	...	134	...	—
June	...	...	19	...	295	...	16	...	49	...	—
July and August	...	...	183	...	691	...	43	...	131	...	—
September	...	...	125	...	345	...	31	...	84	...	—
October	...	...	103	...	491	...	34	...	165	...	—
November	...	...	65	...	345	...	27	...	121	...	—
December	...	...	48	...	242	...	12	...	133	...	—
<hr/>											
			808	...	3,478	...	287	...	1,107	...	1

The following table given in the form requested by the Ministry of Health, shows the number of cases in which diseased and unsound conditions were found in food animals at the Abattoir.

	<i>Bovines</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Goats</i>
Number killed	808	287	3,478	1,107	1
Number inspected	808	287	3,478	1,107	1
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned	7	13	21	8	—
Carcasses of which some part or organ was con- demned	410	6	177	93	—
Percentage of the num- ber inspected affected with disease other than Tuberculosis	54.1%	6.6%	5.4%	9.1%	—
TUBERCULOSIS ONLY :					
Whole carcasses condemned	5	—	—	4	—
Carcasses of which some part or organ was con- demned	123	2	—	42	—
Percentage of the num- ber inspected affected with Tuberculosis	15.8%	0.7%	—	3.8%	—

The following table shows the quantities of unsound meat and offals detected during routine inspections, with the principal causes of condemnation and weight in pounds.

	Bovines		Sheep		Calves		Pigs	
	Meat	Offals	Meat	Offals	Meat	Offals	Meat	Offals
Tuberculosis ...	4,281	1,790	—	—	—	4	1,279	150
Septic Metritis ...	290	66	—	—	—	—	—	—
Septic Pericarditis ...	470	116	—	—	—	—	—	—
Actinomycosis and Bacillosis ...	30	—	—	—	—	—	—	—
Dropsy and/or Emaciation ...	1,768	286	609	188	53	12	237	51
Extensive Bruising ...	83	—	17	—	—	—	71	—
Jaundice ...	—	—	—	—	—	—	234	25
Distomatosis and/or Cirrhosis ...	—	2,519	—	324	—	—	—	67
John's Disease ...	—	256	—	—	—	—	—	—
Mammitis...	—	282	—	—	—	—	—	—
Local Suppuration ...	—	248	—	12	—	—	—	18
Angiomatosis ...	—	56	—	—	—	—	—	—
Nephritis ...	—	31	—	—	—	—	—	—
Enteritis ...	—	—	—	—	—	—	—	109
Immaturity ...	—	—	—	—	87	30	—	—
Pyrexia ...	—	—	—	—	64	19	—	—
Pyæmia ...	—	—	—	—	201	48	—	—
Pneumonia ...	—	9	—	6	—	—	—	78
Total in lbs. ...	6,922	5,650	626	524	405	113	1,821	498

A total of almost $7\frac{1}{2}$ tons (16,559 lbs.) (1952— $7\frac{1}{2}$ tons) of meat was condemned for various diseased and unsound conditions and, as in previous years, the greatest loss in butcher's meat, particularly in bovines, is due to Tuberculosis; the weight of meat and offals affected with this disease represents 36.7% (1952—44.2%; 1951—49.1%) of the total quantity condemned for all causes.

Localised Tuberculosis, involving the condemnation of certain individual organs, offals or parts of carcasses, was found in 123 beasts, representing an incidence of Tuberculosis as a localised condition of 15.2% (1952—15.7%; 1951—16.4%), in the total slaughtered. In 5 cases inspection showed that the disease had reached an advanced stage or had become generalised throughout the lymphatic system or the blood stream, and consequently the entire carcase and offals were condemned as unfit for human consumption. Tuberculosis was, therefore, found in some degree in 128 beasts and the percentage affected is 15.8.

In general a good class and quality of animal is allocated to the Ilkley district, and the following records of Tuberculosis found in animals slaughtered at the Abattoir support the contention in previous reports that so far as animals allocated to this district are concerned, the incidence of Tuberculosis, particularly in bovines, is gradually diminishing.

Incidence of Tuberculosis in Food Animals

			<i>Bovines</i>	<i>Sheep</i>	<i>Calves</i>	<i>Pigs</i>
1946	...	...	23.7	...	—	18.1
1947	...	...	26.3	...	—	3.6
1948	...	...	19.9	...	1.4	1.5
1949	...	...	20.96	...	1.45	6.3
1950	...	...	20.04	...	0.56	7.8
1951	...	...	17.2	...	0.5	5.3
1952	...	...	16.4	...	—	2.3
1953	...	...	15.8	...	0.7	3.8

Despite the greatly increased allocations of pork, 1,107 pigs slaughtered as compared with 475 in 1952, the incidence of Tuberculosis (3.8%) (1952—2.3%) detected in pigs slaughtered at the Abattoir continues to be abnormally low.

Whilst Tuberculosis causes the greatest loss of meat, the most common cause of condemnation of offals in beasts and sheep is Distomatosis. This disease, a localised condition found in the liver, is due to an infestation of the bile ducts by parasites. These "Flukes" cause thickening of the bile ducts and hardening of the liver tissue. The incidence of the disease varies considerably with the district in which the animals have been bred and though in the past the incidence of the disease in bovines has shown little tendency to decrease, the incidence in 1953 has fallen slightly. It accounted for 44.4% of the total quantity of beast offal rejected (1952-48.1%, 1951—46.3%). In beasts, fortunately, the disease has little effect upon the condition of the animal, but in sheep is often the cause of serious loss, Dropsy and Emaciation often following heavy infestation of the liver. The carcasses and offals of 21 sheep were so affected and were condemned.

46.3% of all beasts and 4.3% of all sheep inspected were found to be affected in varying degrees, and this parasitic infestation, though fortunately not communicable to man, often renders the liver totally unfit for human consumption.

The following are particulars of the diseases or conditions which involved the condemnation of entire carcasses and offals :—

4 Cows.	Generalised Tuberculosis.
1 Bullock.	Generalised Tuberculosis.
1 Cow.	Emaciation following chronic Johne's Disease.
1 Bullock.	Emaciation following chronic Johne's Disease.
3 Cows.	Emaciation.
1 Cow.	Septic Metritis.
1 Cow.	Septic Pericarditis.
21 Sheep.	Dropsy and Emaciation due to chronic Distomatosis of Liver.
5 Calves.	Immaturity.
1 Calf.	Emaciation.
2 Calves.	Pyrexia.
5 Calves.	Pyæmia.
4 Pigs.	Generalised Tuberculosis.
1 Pig.	Jaundice.
7 Pigs.	Emaciation.

(b) Lairage of Animals

A number of complaints were received from residents living in the vicinity of the Abattoir of the noise made by cattle brought to the Abattoir at the week-end to await slaughter during the following week. The outside lairage accommodation for such animals, which comprised an open yard and open fronted sheds, was considered insufficient and the Council decided upon the erection of an enclosed building, with facilities for the watering and

feeding of animals awaiting slaughter. This building, the erection of which was completed late in 1953, provides a greater degree of comfort for the animals and little further trouble due to noise of cattle has been experienced.

(c) **Imported Meat**

The following amounts of imported meat and offals were dealt with at the Abattoir.

Lambs.	5,462 carcasses.
Sheep.	1,406 carcasses and 58 packages.
Beef.	1,244 quarters and 81 packages.
Pork.	514 sides.
Veal.	2 packages.
Offals.	439 packages.

Little trouble is experienced so far as lesions of disease are concerned, since the meat undergoes thorough inspection in the countries of origin, that is, Australia, New Zealand and the Argentine. The conditions found during the year which warranted condemnation were due not to pathological unsoundness but principally to faults of storage or refrigeration, etc., causing moulds, brine staining, bone taint, etc.

The following quantities of imported meat were condemned :

Beef	...	...	...	68 lbs.
Mutton and Lamb	...	...	...	20 lbs.
Pork	...	...	...	673 lbs.
Veal	...	...	...	86 lbs.

(d) **Scalebor Park**

Post-mortem inspection of the carcasses of all animals slaughtered at the private slaughterhouse of this Institution was carried out throughout the year. The practice of slaughtering only animals which have passed the Tuberculin Test was continued, and post-mortem examination in fact revealed no evidence of Tuberculosis. A high class of animal was slaughtered and it was necessary to reject only 130 lbs. of offals for diseased or unsound conditions.

(e) **Slaughter of Animals Act, 1933**

The provisions of this Act, which are designed to prevent cruelty and unnecessary suffering to animals, were generally well observed during the year.

All animals dealt with at the Abattoir are stunned prior to slaughter by means of a Captive Bolt "Humane Killer."

During 1953 two licences were issued and three renewals were granted. There were 36 licensed slaughtermen on the register at the end of the year.

(f) **Transport of Meat**

All meat and offals dispatched from the Abattoir to the retail butchers are delivered by motor vehicle fitted with a specially constructed container which can be effectively closed on all sides. The internal surfaces are metal-lined and capable of being easily cleansed.

3. **ICE-CREAM**

The following are details of registered premises in the Urban District at the close of 1953.

Premises registered for manufacture and sale	...	...	...	6
Premises registered for sale only	...	...	...	57
Premises registered for storage only	...	...	...	Nil

Whilst there have been no new premises registered for the manufacture of ice-cream, 8 additional registrations have been approved by the Council for sale. Only a small proportion of the ice-cream manufactured in the district is sold at these premises, and the majority of the premises registered for sale only obtain their ice-cream wholesale from manufacturers whose registered premises are situated in other areas. Of the 6 premises registered for manufacture of ice-cream, only 3 now carry out the manufacturing process, one being equipped with pasteurisation plant, etc., and the remainder use the

"Complete Cold-Mix" method, which obviates heat treatment of the mix and provision of expensive plant and equipment. It is interesting to note the increase in the sale and consumption of ice-cream in this area since 1946 when only 8 premises were registered for the sale of ice-cream as compared with 57 in 1953. Ice-cream is now regarded not merely as a delicacy, but also as an article of food, and since it is an ideal medium for the growth of micro-organisms and by reason of its potentiality as a means of conveyance of infection by these organisms, special attention has been devoted to all ice-cream premises, and particularly to the supervision of methods of manufacture, storage and distribution. As a check upon the efficiency and cleanliness of these methods samples of ice-cream were taken from vendors and manufacturers in the area, the results being expressed in two forms (a) Food Value, and (b) Cleanliness.

Samples taken from premises registered by the Council for manufacture and sale	12
Samples taken from premises registered by the Council for the sale only	15
Samples taken from itinerant vendors whose premises are situated outside the Urban District	4
	<hr/> 31 <hr/>

(a) Food Value—Chemical Analysis

The fat content of samples varied from 5.1% to 13.8% with an average of 10.1%. The improvement in the food value of samples taken continues and will be better appreciated by comparing the fat content of samples taken during the past eight years.

FAT PERCENTAGES

		<i>Lowest</i>		<i>Highest</i>		<i>Average</i>
1946	...	0.25	...	11.16	...	3.32
1947	...	0.14	...	8.18	...	2.45
1948	...	0.04	...	11.60	...	4.40
1949	...	2.37	...	18.90	...	7.13
1950	...	3.52	...	15.20	...	8.24
1951	...	5.32	...	12.38	...	8.84
1952	...	5.76	...	14.10	...	8.91
1953	...	5.10	...	13.80	...	10.10

The Food Standards (Ice-Cream) Order of 1951 remained in operation and prescribes a minimum of composition for ice-cream. The Order provides, with certain exceptions, that ice-cream must contain at least 5% fat, 10% sugar and 7½% milk solids other than fat, and whilst it was intended as an interim standard which it was proposed to improve as supplies of ingredients became more plentiful, no amendment had been made by the close of the year. All samples taken during 1953 were found to reach the required standard, and the foregoing table shows that the average fat percentage is well above the statutory minimum.

(b) Cleanliness—Bacterial Quality

The 31 samples were also subjected to the Methylene Blue Test, a test which is a measure of the organisms in ice-cream. The number of such organisms is influenced by the degree of cleanliness of utensils and equipment during manufacture, storage, and distribution, and by the cleanliness and personal habits of manufacturers and vendors.

<i>Grade</i>	<i>Time taken to reduce Methylene Blue.</i>	<i>Number of Samples.</i>
1.	4½ hours or more.	Satisfactory ... 25
2.	2½ to 4 hours.	Satisfactory ... 3
3.	½ to 2 hours	Fair. ... 1
4.	0 hours.	Poor ... -

There have been rapid advances in the national standard of hygiene in the ice-cream trade, and the traders of this district have kept abreast with modern trends and methods in their efforts to maintain satisfactory bacterial quality, with such success that no unsatisfactory samples have been taken in this district since the summer of 1950. This is a highly satisfactory state of affairs and a record upon which the ice-cream traders can be congratulated.

(c) Sale of Ice-Cream in the Open-Air.

The regulations formulated by the Health Committee in 1949 to eliminate the dirty conditions in which bulk or loose ice-cream was being sold from stalls, carts, barrows, motor vehicles, etc., continue to be observed by itinerant vendors, and the majority of neighbouring Local Authorities in the West Riding have followed Ilkley's lead and enforce similar requirements in their areas.

The adoption of Section 76 of the West Riding County Council (General Powers) Act of 1951, by which the Council require the registration of hawkers of food and their premises, brought into operation a measure which has been advocated by the Health Committee for some years past. This authority, together with the Order of 1951 establishing a statutory standard of quality for ice-cream, now provides a reasonable measure of control over the itinerant vendors who frequent this area during the summer months.

4. OTHER FOODS

During inspection of premises where food is stored or prepared for sale, and as a result of requests by shopkeepers, etc., quantities of unsound food-stuffs were examined. The type of food was principally of the tinned variety and condemnation certificates were issued to enable shopkeepers to obtain replacements or credits from wholesalers.

In September complaint was received of a bitter taste from tins of a proprietary Irish cream. Sample tins were sent for chemical analysis and for bacteriological examination. No deleterious substance was found in the chemical analysis, though the cream was considered substandard as regards flavour. The bacteriological examination indicated that "No Haemolytic streptococci, Staphylococcus aureus, Clostridia, Dysentery or Food Poisoning organisms found." In view of the abnormal flavour, however, it was considered advisable to have the tins withdrawn from sale. It was in another district that organisms of typhoid fever were stated to have been found in a tin of similar cream early in 1954.

No instance of formal seizure of unsound foodstuffs was found to be necessary, and where practicable unsound food was disposed of for the feeding of pigs and poultry.

5. FOOD PREPARATION, STORAGE AND DISTRIBUTION

The detailed survey of catering establishments was completed during the year and reinspection of premises previously dealt with was continued. No further unsatisfactory conditions of a serious nature were discovered, and in general the cafes and restaurants are satisfactorily equipped and maintained. Advice on personal hygiene was given to the staffs of the establishments during inspections made, but the effectiveness of this is marred by the frequent changes in staff.

Bye-Laws made under the Food and Drugs Act, 1938, are in operation in the district. These have the object of securing the observance of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food, and sale of food in the open air. In general the bye-laws have been reasonably well observed, though some of the provisions are not sufficiently comprehensive to enforce the covering of some foods exposed for sale.

6. HAWKERS OF FOOD AND THEIR PREMISES

The Council have adopted Section 76 of the West Riding County Council (General Powers) Act of 1951, which provides that all hawkers of food and their premises shall be registered by the local authority.

By the end of the year the following registrations had been approved by the Council.

				<i>Hawkers</i>		<i>Premises</i>
Greengrocers	...	...	...	7	...	4
Ice-Cream	...	...	...	6	...	—
Bread and Confectionery	...	...	...	1	...	—
Meat Products	...	...	...	1	...	—
Wet Fish, Poultry, etc.	...	...	...	1	...	—

Five additional registrations were approved during the year, four for ice-cream and one for wet fish, poultry, etc. The motor vehicle used for the sale of wet fish and poultry has been specially adapted for the purpose and is provided with cold water supply and provision for a constant supply of hot water by Calor gas heater. A non-absorbent floor has been fixed together with other necessary equipment such as towel, nail brush, soap, etc.

7. OFFENSIVE TRADES

There are two offensive trade processes in the district, both of which are carried out in one building, that is, the Gut Scraping and Tripe Boiling establishment situated in Cemetery Road, Ilkley. The trades were well conducted during the year, and no complaints were received of nuisances detected during the inspections made.

Bye-Laws under Section 108 of the Public Health Act, 1936, for the regulation of these trades are in operation in the district.

SECTION II—ENVIRONMENTAL SANITATION

8. PUBLIC CLEANSING

The Public Cleansing Services of Refuse Collection and Disposal and Street Cleansing have each been the subject of special reports to the Health Committee during the year. The emptying of the household dustbin is one of the Council's services with which the housewife has intimate connection, and in view of the changes which it was necessary to make on the grounds of economy, the following reports on this and the other services are given in greater detail and at greater length than in previous years.

(a) Refuse and Salvage Collection

The collection and removal of house refuse is carried out entirely by the Cleansing staff of the Sanitary Department, and no work is let to private contractors. No charge is made for the removal of trade refuse from shops and business premises, etc., and with the exception of a small number of privies, ashpits and pail closets at outlying houses and farms, refuse is stored, pending collection, in metal dustbins of standard size and pattern.

Three double-cab "Chelsea" type S. & D. Freighters, each with a capacity of 11.3 cubic yards, are used for the collection of refuse. In the Burley Woodhead area, where some premises are inaccessible to the freighters, a specially designed refuse collection cart is used for the collection of refuse and the contents of privies and pails. Early in the year the Council decided to discontinue the use of a horse for this work and to use an existing motor tractor. Alterations to the cart were carried out and the Woodhead area is now dealt with in a less costly and more expeditious manner. A weekly collection from these premises has been maintained throughout the year.

With the reduction in staff from the 1st of April from 4 loaders and one driver to 3 loaders and one driver on each vehicle, the period between collections of refuse necessarily became extended. With a view to obtaining the maximum efficiency in the service with the limited labour available, a detailed check was made of the refuse collection rounds. This involved an official of the Department accompanying each refuse collection gang every minute of the day throughout the whole period of the collection. In addition to ensuring that each refuse collector is doing a fair day's work, the check was intended,

after practical experience of the rounds and methods of working, to reduce any loss of time and obviate any inefficient methods, etc.

Prior to the 1st of April, 1953, the three freighters in use, each with driver and four loaders, carried out a weekly collection of refuse in the district. This regular collection was interrupted only by Bank Holidays, sickness amongst the workmen, breakdown of vehicles, heavy snowfalls, etc., and included a twice weekly collection from certain shops, cafe, and hotel premises. The district was divided into three rounds, two freighters being engaged in the collection of refuse from the Ilkley district and one freighter from Burley and Menston. When the Council decided upon the reduction in staff, however, it was found that a complete scheme of reorganisation of the rounds would be necessary. When this scheme was commenced it was decided that no special treatment should be given to any particular premises, and the shops, cafes and hotels which had previously enjoyed a twice weekly collection were collected once each 10 days. It became evident, however, that this was impracticable, particularly during the summer months, and arrangements were made whereby a collection is made approximately once each 5 days. This has been achieved by arranging that these premises are visited immediately the Ilkley round is started, the rest of the residential and other properties in Ilkley are then collected and these special premises are again visited before the freighters commence the collection in Burley and Menston. The cycle is again repeated when the vehicles have finished in Burley and Menston. The disadvantage to the operation of this special collection is in deciding which premises shall be included, since some of the neighbours of those visited more frequently ask for their premises to be similarly treated. The essential factor, however, which decides this is whether or not the refuse is particularly liable, if left, to create a nuisance, thus certain food shops and premises where food is stored or prepared for sale or for consumption on the premises, etc., are given priority treatment.

Prior to the check being made the periods between collections of refuse varied from 10 to 12 days according to whether two week-ends intervened, and certain modifications and adjustments were made to the rounds, for instance, the work of one freighter gang has been found to be greater than another, and so on, and as far as practicable a balance has now been obtained.

Whilst it is appreciated that there would be no "slacking" on the part of the workmen whilst under direct supervision, there is only slight variation between the periods of collections before and during the check. This indicates that the refuse collection gangs are giving a fair day's work. It will be appreciated that these men have to carry on the job under all weather conditions, and of all types of Council work this appears to be one of the most arduous, involving severe physical efforts over long periods, and it is not difficult to appreciate why the rate of pay is in excess of a labourer's normal rate. The only respites from the walking and lifting of bins noted were the infrequent periods when the vehicle is away at the tip and/or salvage depot (average three per day). On these occasions two men empty the trailer at the salvage depot whilst one man accompanies the driver to the tip, an operation which occupies an average time of 20 minutes.

Whilst the investigation was in progress, accurate statistics were obtained as to the number of dustbins, other refuse containers, sacks and other salvage containers, together with the length of carry of bins, that is, the distance the men have to walk to carry the full bin to the freighter. It may not be appreciated that this involves four journeys for each refuse and salvage container, that is once from the vehicle to the bin, once with full bin to the freighter, return of empty receptacle and walk back to street and next house. For example, on the Council's Housing Estates the average distance of the dustbins from the refuse vehicles is 25 yards, thus the collector has to walk 100 yards (25 x 4) to effect the emptying of each bin. In some parts of the district, notably Middleton, Grove Road and certain parts of Menston and Burley, the average length of carry is over 70 yards and some of these houses have three or four bins together with other miscellaneous refuse receptacles, salvage

containers, etc. Thus the removal of refuse and salvage from one of these houses with say 5 receptacles, involves a walk of 840 yards or almost a half-mile. The average length of carry for the whole district is 24 yards, that is a walk of 24 yards with a full receptacle, 24 yards with an empty receptacle and 48 yards unladen, and there is, therefore, justification for the driver taking the vehicle as near to the bins as possible to avoid unnecessary "carry."

These statistics are quoted in an attempt to give a better picture of the extent and type of work, for in addition to the physical effort of lifting and carrying the dustbins a considerable amount of walking is involved, and it is somewhat surprising to learn that each man walks an average distance of 16 miles each day when carrying out his duties. This distance is not estimated, but is an accurate measurement obtained by the use of a pedometer, which was used continuously throughout the check by one member of each gang.

The investigation revealed that there are 7,383 dustbins in use, together with 625 other containers used for the storage of refuse. The "other containers" include a variety of receptacles such as wooden and metal "Peggy tubs," oil drums, tea chests, apple barrels, etc., etc., most of which are most difficult to lift and carry owing to their shape, sharp edges and the absence of handles. There were 982 sacks and other containers for salvage. The contents, and the condition, of the dustbins and other receptacles also varied considerably, and it is not uncommon for a flow of foul liquid, etc., to pour from a hole in a defective bin on to the collector's clothing and in some instances down the neck. Householders, etc., have been asked to refrain from depositing wet refuse in the bins, but it is realised that in the summer months when the domestic fire is not in use there is little alternative but to put such refuse in the bin. In addition to the usual refuse and salvage, there are other miscellaneous articles for removal, such as old prams, bedsteads, old furniture, wringing machines, mattresses, etc., each of which entails a separate journey on the part of the collector.

One point which was carefully observed was the possibility of ill-treatment of the refuse containers; only one instance was seen and in this particular case was caused by the wet and soggy nature of the refuse. The use of the bin for wet refuse makes it necessary to bang the rim of the bin on the rubber apron of the freighter. It has been found necessary to do this in order to dislodge the refuse sticking to the bottom and sides of the bin, since in the past when the men have been warned about damaging the bin, they have not carried out this procedure and complaints have been made that the bins have not been properly emptied.

A special note was also made of the work of the drivers, and during the check, at least, the drivers did a reasonable share of the refuse collection work. It is emphasised, however, that the driver's primary duty is to drive the vehicle and if the picking up of dustbins by the driver is overdone the whole gang can be held up awaiting the moving of the vehicle from one house to another. By observation and discreet enquiries, however, it was established that each driver does a reasonable amount of refuse collection work in addition to his driving duties. It will be appreciated that it can be exasperating to a refuse collector, having carried a full bin some 20-30 yards, to have to wait for the arrival of the vehicle whilst holding the bin on his shoulder.

Each man empties an average of 120 bins or other refuse receptacles each day. The average weight of refuse and salvage collected by each vehicle each day throughout the year is seven tons, and each man therefore lifts and carries over two tons per day, and this does not include the weight of the bin or receptacle (30 lbs.), a further three tons. It might be said that this is equivalent to a daily walk of 16 miles from Ilkley to Leeds, picking up five tons of rubbish en route.

Comparisons are often made between different authorities, and figures are quoted, such as the number of bins removed per man per day. These comparisons are, however, most unreliable and misleading, since it will be appreciated that in major portions of certain large or congested towns, a greater

number of bins will be collected per man per day than is possible in an area such as this where the excessive length of carry for each bin is such a distinctive feature. The hilly nature of some parts of the district with steep drives, pathways and steps also slows down the collection of refuse, and in some places there is a decided element of danger to a collector with a full receptacle on his shoulder.

The information already given will indicate that the work of refuse collection is a young man's job ; elderly workmen find it difficult to maintain the severe physical effort necessary and are apt to set the pace for the whole gang.

As a result of the check and of the adjustments and modifications made to the service, the average period between collections during the summer months was 9 to 11 days depending upon whether one or two week-ends intervened. This period was, however, slightly extended by Bank Holidays, sickness amongst the men, unavoidable breakdown of the vehicles, etc.

Requests are made to the Department from time to time for the removal of accumulations of extra refuse, for example upon the change of tenancy or ownership of residential or business premises, after the redecoration of houses, etc., and whilst these extra collections are not encouraged by the Department, it is often difficult for a ratepayer to find the necessary haulage and labour for this type of work. Such special collections interfere with the rounds and delay normal collections, and where arrangements are made to collect extra quantities of refuse a special charge is made for the work done. The Department does not however undertake or accept responsibility for the removal of garden refuse or builder's rubbish, although quantities of this material are found in the bins.

During the summer months, owing to the lighter and bulkier nature of the refuse, many of the dustbins and refuse containers can be lifted and carried by one man. There are, however, many exceptions to this, and in some cases it is necessary for a third man to assist in lifting the receptacle to empty it into the freighter. During the winter months when the refuse is compact and heavy, it is the rule rather than the exception for two men to be needed to lift and carry each bin. In many instances whilst one man can carry the bin if assistance is obtained to lift it on to his shoulder, it will be seen that it is necessary for two men to go up each drive, pathway or yard, and a gang of three men, with occasional help by the driver, is not a balanced one. The report to the Health Committee in June on the reorganisation of the service pointed out that it was not considered that the present summer collection of 9 to 11 days could be maintained throughout the winter period. It was fortunate that illness amongst the staff was below normal and that no extreme winter conditions were experienced during the latter part of the year, for, despite the heavier winter yield of refuse, the service had only slightly deteriorated and the average period between collections of refuse at the end of 1953 was 10 to 12 days.

Salvage is collected on the refuse collection round and is stored separately in trailers attached to the refuse collection vehicles. An outlet for the waste paper salvaged was obtained but the market value was considerably less than that of early 1952. The Council decided, however, to continue the salvage operations of the Department and to review the position each month. Despite the lower value of the waste paper salvaged the income exceeded expenditure, and at the close of 1953 £1,050 had been realised from the sale of 230 tons of miscellaneous salvage. In addition to providing a source of income, the separation of waste paper from the refuse materially assists in improving the construction and appearance of the "Controlled" tips, and also reduced the risk of tip fires.

(b) Refuse Disposal

During 1953 all house refuse collected in the Urban District was disposed of by tipping at the two existing sites at Poorfields, Sun Lane, Burley, and at Cocken End, Skipton Road, Ilkley. Street sweepings are also brought to these tips.

In view of the decision of the Minister of Housing and Local Government to disapprove the Council's proposal to reconstruct and extend the existing refuse destructor, the Council sought the advice of Mr. J. W. Call, the Director of Public Cleansing of the Bradford Corporation, in regard to the future disposal of the refuse in the Urban District.

Accompanied by the Chief Sanitary Inspector, Mr. Call made an investigation and survey in the district, and his recommendations, together with the report of the Chief Sanitary Inspector, were subsequently considered by the Health Committee when the following recommendations were adopted.

(i) "Controlled" tipping be operated as far as practicable with the labour and covering materials available.

(ii) The Council purchase further land at Cocken End on the south and east of the existing tip, and a further programme of culverting the stream be considered so that tipping operations on land to the east of the tip can be commenced when the existing site is completed.

(iii) Controlled tipping operations be continued at Sun Lane by the addition of a further 7 ft. layer of refuse.

(iv) The two tipmen be sent for two weeks' training to the Bradford tips, at the expense of the Council.

(v) No further steps be taken at present in regard to the Ings Ghyll site.

Mr. Call recommended the employment of three men to carry out tipping by "Controlled" methods, but due to financial restrictions the employment of an additional tipman was not possible. This labour was concentrated upon each tip in turn according to the district in which refuse collection was being carried out. Under these arrangements the three vehicles concentrate first upon the Ilkley district and the two tipmen are engaged during this period on the Cocken End tip. When refuse from Ilkley has been cleared, the three vehicles proceed to Burley and Menston and the two tipmen then work on the Sun Lane tip. In practice, whilst this system has the advantage of concentrating the existing labour on disposal, difficulties have arisen as a result of unauthorised and indiscriminate tipping during the periods each of the tips is closed. Gates have been provided, the fences strengthened and notice boards erected at both tips as a warning to trespassers, but several instances of unauthorised tipping have occurred. The greatest difficulty encountered throughout the year has been the provision of a regular and ample supply of material for covering the refuse. Plentiful covering material is essential in the operation of "Controlled" tipping, and arrangements had to be made for accumulations of ashes and clinkers to be obtained by the refuse collection vehicles, though the time taken on this operation has an adverse effect upon the refuse collection service.

The Council began enquiries in regard to the purchase of the additional land at Cocken End but were informed that Town Planning permission to use this land as a tip could not be obtained. This extension of Cocken End would have provided means of disposal of the Urban District's refuse for approximately 15 years, and one of Mr. Call's principal recommendations could therefore not be implemented. At the close of 1953, the capacity of the existing sites at Sun Lane and Cocken End was only approximately 4 years' yield of refuse.

In January a man was fined £3 at the Otley Court for disturbing and sorting over refuse at the Cocken End tip.

In March there was a small outbreak of fire at the Cocken End tip, but with the assistance of the Fire Brigade, this was quickly extinguished.

Owing to the failure of the land drainage system at the Sun Lane tip the adjoining land and private roadway frequently floods during the winter months, and in November the Health Committee had under consideration a new scheme of drainage which would alleviate the nuisance and at the same time make more land available for tipping.

(c) **Street Cleansing**

Street cleansing is under the control of the Sanitary Department and this, in addition to sanitary scavenging, includes removal of grit, chippings, etc., resulting from attrition of road surfaces, together with the weeding of channels and pathways.

In January the Chief Sanitary Inspector submitted a report to the Health Committee on the reorganisation of the street cleansing services. The report referred to the divided control which exists in the street cleansing services in the area, work in Ilkley being supervised by the Sanitary Department whilst that in Burley and Menston is controlled by the Highways Department. Certain difficulties arise from this arrangement, particularly in regard to costs of street cleansing work. When the Sanitary Department assumed control in 1947, whilst it was possible for these duties to be taken over entirely in Ilkley, it was not practicable at the time to form separate street cleansing gangs in either Burley or Menston, since it appeared that the greater part of the time of the workmen in these areas was engaged upon duties other than street cleansing. The Council adopted the recommendation of the Chief Sanitary Inspector that one of the two men engaged upon street cleansing work in Menston, who would retire in 1953, should not be replaced and that the remaining man carry out the work. The position in Burley was more complicated. Two men were employed and their work had included street cleansing, highways maintenance and the emptying of privies, etc., in areas inaccessible to the freighters. The Committee adopted the recommendation that the horse and cart be dispensed with and that street cleansing in Burley be carried out by one man using a Street Orderly cart. These decisions of the Council placed street cleansing throughout the whole district under the control of the Sanitary Department.

In April, in accordance with the Council's instruction to reduce labour costs, the normal complement of five sweepers in Ilkley was reduced to four, but due to the shortage of labour, this service again proved one of the most difficult to maintain throughout the year. The Chief Sanitary Inspector was requested by the Health Committee to give priority to refuse collection, and any shortage of labour in this service had to be supplemented by the use of members of the street cleansing staff. Street sweepers were therefore employed on refuse collection when illness, annual holiday, etc., caused the absence of a refuse collector, and for long periods during the summer only one man was available for manual sweeping in the Ilkley district. The driver of the Mechanical Sweeper or the Gully Emptier was also needed on refuse collection in the event of the absence of a freighter driver. The lack of a spare driver interrupted the continuous operation of each of the public cleansing vehicles, and in September, after consideration of the problem, the Council authorised the Chief Sanitary Inspector to obtain a spare driver, to be paid at the driver's normal rate, but who could carry out manual sweeping, refuse collection, or other work of the Department.

During the year a survey of the area was made with a view to the provision of additional waste paper baskets and replacement of unsuitable receptacles, and it is anticipated that the recommendations contained in the Chief Sanitary Inspector's report to the Health Committee will be implemented in 1954.

As far as practicable, when the driver was not needed as a relief for a freighter driver, the Council's Mechanical Sweeper, delivered in December, 1952, carried out a regular programme of sweeping on district and County roads.

9. HOUSING

The enforcement of the provisions of the Housing Acts relating to the inspection of properties for "housing" defects, reports in respect of the closure and demolition of unfit houses, and investigation of overcrowded conditions, etc., are the responsibility of the Sanitary Department, and statistics in connection with this work will be found in Appendices 2 and 4.

Although the majority of the property owners co-operate with the Department in regard to essential repairs to house property, there is the usual hard core of landlords who disregard informal notices requesting the repair of sanitary defects. In many cases this unwillingness on the part of the owners to carry out necessary maintenance work on their property is undoubtedly associated with the limited rents and the increasing costs of building work. The number of cases where informal action failed to secure a remedy, however, is not excessive, and it was necessary for the Council to resort to formal notice in only 18 instances. No court action has been taken during the year.

Owing to restrictions upon local authorities in connection with full-scale building operations, previous annual reports upon housing conditions have referred to the limited progress possible with the closure of houses unfit for human habitation. This year, however, a most heartening report can be given and the striking achievement of the Housing Committee in the erection of 162 new Council houses has effected a substantial reduction in the "Waiting" list of housing applicants. The provision of this alternative accommodation has enabled the Health Committee to proceed with the closure of a number of the basement dwellings and individual houses unfit for human habitation, action in respect of which has been in abeyance for some time past.

The following are the properties dealt with and the action taken during the year.

4, Johnson's Yard, Burley.	Written undertaking accepted not to use for human habitation.
4, Red Lion Yard, Burley.	Written undertaking accepted not to use for human habitation.
3 & 5, Whitehead Buildings, Burley.	Written undertaking accepted not to use for human habitation.
35a, Leeds Road, Ilkley (two basement rooms)	Written undertaking accepted not to use for human habitation.
15, Richmond Place, Ilkley (two basement rooms).	Closing Order made.
19, Richmond Place, Ilkley (two basement rooms).	Written undertaking accepted not to use for human habitation.
13, Parish Ghyll Road, Ilkley (two basement rooms).	Written undertaking accepted not to use for human habitation.
25, Parish Ghyll Road, Ilkley (two basement rooms).	Further action deferred.
66, The Grove, Ilkley (one basement room).	Closing Order made.
6, Alexandra Crescent, Ilkley (two basement rooms).	Written undertaking accepted not to use for human habitation.
"Brookside," Wells Walk, Ilkley. (two basement rooms).	Written undertaking accepted not to use for human habitation.

Your Sanitary Officers, in the course of their general duties, acquire unique and intimate knowledge of the Housing conditions in the area, and this specialised knowledge is made use of by the Housing Committee in their selection of tenants and allocation of accommodation. At the request of the Committee, 345 inspections and investigations were made in connection with the applications for Council houses, and detailed reports were submitted with a view to assisting in assessing the relative merits of each application. Such reports include details of the applicant's accommodation and any insanitary and/or overcrowded conditions, together with other information which might be helpful to the Committee. The vastly increased activities of the Housing Committee in connection with the additional allocation of Council houses called for a good deal of extra work in the Department, since at least two investigations of each applicant's circumstances and housing conditions must be made. After the preliminary inspection and report, a further check of all circumstances and statements made by the applicants is made upon allocation, but prior to occupation, of a Council house. These investigations are essential

and have brought to light several instances of mis-statement and incorrect information. The Housing Committee rely on the Department for inspections in connection with applications by Council tenants to take in lodgers, and also for investigations relating to "exchange" of Council houses by existing tenants. Any allegations as to possible dirty conditions in Council houses are referred to the Department for investigation.

The standard set out in the Housing Act, 1936, is used for the determination of overcrowding and this basis is strictly adhered to, so that all cases can be considered in a fair and consistent manner. There is no accurate information available as to the incidence of statutory overcrowding in the area, but the number of cases brought to notice is not unduly high. Through investigation of applications for Council's accommodation, etc., during 1953, it was disclosed that six new cases existed, which, together with the nine outstanding at the close of 1952, made a total of fifteen cases. The Housing Committee were able to provide alternative accommodation to relieve nine cases, and six houses were known to be overcrowded at the end of the year.

In connection with housing the following statistics are of interest :

During 1953 the erection of 162 new Council houses was completed. Under private enterprise 35 houses were built and three houses were converted into flats, providing additional accommodation for 8 families.

Since 1945, 304 Council houses and Old Persons Flats have been erected. Private building development has contributed 86 new houses and the conversion of 56 large houses has resulted in the provision of 128 flats, making a grand total of 518 new housing units at the close of 1953.

During the year the Housing Committee have re-housed 39 families occupying 20 requisitioned properties, and only one house was under requisition on the 31st December, 1953.

10. VERMIN INFESTATION CONTROL

(a) Rodents

Prevention of Damage by Pests Act, 1949.

Infestation Order, 1953.

No evidence of undue infestation by rats or mice was found during the course of the year, though several minor infestations were discovered by inspections and after complaints by householders, shop-keepers, etc.

The Council does not employ a rat-catcher and disinfection of private property is carried out by the Sanitary Foreman upon written request by the owner or occupier, an appropriate charge being made for this service.

Poison biscuits are distributed free upon personal application to the Sanitary Department and when necessary advice upon baiting and rat-proofing is given on a visit to the site.

The food scraps and organic matter placed in the bins by householders is a natural attraction to rats, and to prevent major infestation of the tips monthly treatments are carried out with pre-bait and poison.

Up-to-date methods and established poisons are used in the disinfection of properties, the poisons most commonly used being zinc phosphide with rusk or with sugar meal, "Warfarin" with rusk and "Antu" with sugar meal. No necessity arose for formal action under legal powers, and all cases of infestation were dealt with by informal notice.

93 premises were treated for infestation by rats and 16 for infestation by mice.

(b) Insect Pests

Infestation of premises by insect pests is becoming difficult to find and whilst it would be too optimistic to hope that insects such as the bed bug have been eradicated in the district, no case of infestation by this pest has come to notice during the last three years. It can, however, be stated with confidence that the incidence of infestation by the more repulsive type of insect pest such as the bed bug and the flea, is very low indeed. No necessity arose for the treatment of premises by poison gas (H.C.N.) and with the exception

of wasps' nests, when Cyanide is used, all treatments of infested properties are carried out with D.D.T. or Gammexane preparations ; a residual spray (5% D.D.T. with kerosene or other solvent) being most frequently used.

The following are details of insect pests dealt with.

Cockroaches (*Blatella Orientalis*)

Two houses were successfully treated for minor infestation by cockroaches.

Cluster Flies (*Pollenia*)

One house was treated for minor infestation by "Cluster Flies," a species of fly which invades houses in the autumn and remains in a comatose condition through the winter, re-appearing when the weather becomes warmer.

Crickets (*Gryllus*)

During the Spring and Summer, treatments by Gammexane Dispersible Powder (P. 520) were carried out on the Refuse tips for small infestation by crickets.

Wasps

24 Wasps' nests and 2 wild bees' nests were reported and investigated. Potassium cyanide is used where the nests are in the ground or other inaccessible positions. Where, however, the nests are fully exposed and readily accessible, it is found that all that is necessary is to saturate the nests with residual spray and the following day the nests may be removed without danger. An appropriate charge is made for the destruction of wasps' nests upon private property, though the disposal of nests on or immediately adjoining a public highway is carried out free of charge.

11. SANITARY ACCOMMODATION

Practically all the sanitary conveniences of residential and business premises in the area are on the water carriage system. There are, however, a number of pail closets and privies in use at Woodhead, Burley, and Moor Lane and Chevin End, Menston, though these will readily convert to water closets when new sewers are constructed. (*See Drainage and Sewerage.*)

The erection of new Public Conveniences on the riverside adjoining New Brook Street, Ilkley, was completed during the year and the district is now well provided with accommodation for both sexes.

The alterations to the frontage and garden at Burley Grange also included the erection of new stone walls as screening to the Burley Conveniences.

The Council employ a full-time attendant for maintenance and cleansing work and this man also carries out some supervision at week-ends and bank holidays. This attention at week-ends and holiday times is essential, particularly during the summer, since it is on these occasions when the conveniences suffer the greatest abuse. The vigilance displayed by the local Police has contributed to the comparative freedom from wanton damage to the conveniences during the year.

As a result of informal notice, additional sanitary accommodation has been provided at licensed premises in Burley, and additional accommodation is in course of erection at licensed premises in Ilkley.

In December, the Health Committee had under consideration a report of the Chief Sanitary Inspector in regard to the provision of washing facilities at the King's Hall conveniences.

12. SMOKE ABATEMENT

A number of smoke observations of boiler chimneys were taken, but no necessity has arisen for formal action in regard to the discharge of black smoke or grit from industrial boilers. In general, boiler plants in the Urban area are well managed, and the smoke pollution in the district emanates principally from domestic chimneys.

Bye-laws made under section 2 of the Public Health (Smoke Abatement) Act, 1926, are in operation and provide that "The emission of black smoke

for a period of two minutes in the aggregate within any continuous period of thirty minutes from any building other than a private dwelling house shall until the contrary is proved by presumed to be a nuisance.”

13. INFECTIOUS DISEASE PREVENTION

Disinfection, by formaldehyde gas, of premises after cases of infectious disease, was carried out following the removal of the patients to the Isolation Hospital, or after recovery if nursed at home.

Premises are also disinfected after illness or death from non-infectious disease upon written request, and arrangements are made through this Department for steam disinfection of bedding, rugs, cushions, etc. Owing to the lack of facilities in this area arrangements are made for the steam disinfection of beddings, etc., to be carried out at the Leeds Corporation Disinfecting Plant, transport being provided by the Leeds Corporation Health Department. The actual cost of this service is recovered from the owner in cases of disinfection after a non-notifiable disease or illness.

14. MOVEABLE DWELLINGS

At the close of 1953 there were 8 established camping sites in the area, six in Burley and two in Ilkley, though only one of the licensed sites in Ilkley is in use for camping purposes. The number in Ilkley was reduced to two, one of the sites licensed has been bought by the Council and is part of land now developed as a Council Housing Estate.

There is a total of 79 hutments on the six Burley sites, whilst the Ilkley site is used for moveable dwellings only, and the number limited to 35.

There has been a change of ownership of one site in Burley. It is understood that the new owner will not permit the use of the land for camping purposes, and at the end of the year only 3 of the nine original hutments were still in use. The Council permitted the transfer of one hut to another site for a limited period.

This part of Wharfedale has undoubted attractions for a city dweller and it is understandable that a camper will wish to spend his week-ends in the area, though extension of existing camping sites is not permitted by the Council. There were several instances of the use of private farmland and the river bank at Middleton by isolated caravans, but verbal warnings have been sufficient to secure the removal of the dwellings.

In general the sanitary conditions of the camping sites is reasonably maintained and no formal action on Public Health grounds was found to be necessary.

15. RIVERS AND STREAMS

A number of instances of pollution were detected and dealt with during the year. In the majority of cases the pollution was traced to the overflow of cesspools or defective condition of private septic tanks and sewage disposal plants. An overflow into the river of crude oil used for the firing of a boiler occurred during the refilling of the storage tanks, and new arrangements were made to obviate further nuisance. Many of the cesspools, sumps and septic tanks in the Moor Lane and Woodhead areas of Burley are badly designed, and since there is little or no filtration of the effluent, continuous pollution of the streams from Woodhead occurs. In some outlying districts where the extension of the existing sewerage system is unlikely, special attention is devoted to the private disposal arrangements and any new plants constructed must be designed on scientific principles, and be provided with approved mechanical means of distributing the sewage from the septic tank over the filter. Any plans submitted to the Surveyor's Office are passed to this Department for comment before being submitted to the Town Planning and Buildings Committee.

16. WATER SUPPLIES

(a) Public Supply

The control and supervision of the public water supplies is carried out by the Water Engineer.

The water supply of this Urban District is essentially soft in character, being drawn from moorland gathering grounds, and regular treatment is necessary to counteract the acid nature of the water. Routine samples are taken at regular intervals by the Sanitary Department for evidence of plumbo-solvent action, and 28 samples were obtained during the course of the year, so arranged that the supply from each reservoir is sampled at least twice. The Analyst's reports indicated plumbo-solvent action in three instances, and the Water Engineer arranged for adjustment of the treatment plants to counteract the tendency.

Investigations were made into complaints of insufficient supplies of water at 11 houses in Burley. New services were provided following informal notice to the owners of the properties.

(b) Private Supplies

The Sanitary Department is responsible for the supervision of private water supplies in regard to quality and sufficiency.

There are some 50 premises in the area not connected to the Council's public main, and samples for chemical analysis and bacteriological examination are taken from these premises from time to time. A number of minor improvements have been effected at sources of supply and storage tanks, etc.

17. DRAINAGE AND SEWERAGE

Apart from the construction of sewers for the Council's new housing sites, and small extensions to existing sewers in connection with private building development, etc., no large scale sewerage schemes were commenced during the year.

Attention is again drawn to the sanitary arrangements and sewage disposal facilities at Chevin End, Menston and Moor Lane, and Woodhead, Burley, conditions at which are most unsatisfactory and prejudicial to health. Unsuccessful application for loan sanction for the extension of the sewers to these areas was made to the Ministry of Housing and Local Government in 1952, but at the close of 1953 the Council had the matter under consideration and a further application to the Ministry is contemplated.

The mechanical gully emptier continues to give efficient service and was operated on a full-time basis throughout the year. During periods when it is not employed by the Council the machine is in great demand by the County Council and neighbouring authorities.

The machine has been used for a wide variety of purposes during the year, including the emptying and cleansing of street gullies, grit chambers, cesspools, septic tanks, petrol, oil and grit interceptors, sewer grit chambers, tanks, sludge lagoons, choked drain inspection chambers, sewer manholes, the flushing of drains and public sewers, the pumping of water and sewage from flooded excavations and cellars, and the clearing of Gasworks effluent sumps and residues from gas-holders. This list of work performed by the machine gives some indication of the scope of its use and its value to the Council's environmental health services.

In a previous report attention was drawn to exorbitant charges made by certain individuals working in the district cleaning gullies and drains of private houses. This still prevails and instances of the practice of a type of confidence trick have come to notice. On visiting the house, the individual asks for the housewife and gives an estimate of the cost of cleaning the gullies. This is invariably a reasonable price, usually about 1/- per gully, which the householder may be willing to pay. Soon after the man has made a start on the work, however, he draws the householder's attention to his "discovery" that one or more of the gullies or the drainage system of the house is choked, and that this will involve greater expense. If the man is told to proceed, the

householder is subsequently asked for a sum of money substantially greater than was anticipated. These workmen, it is emphasised, have no connection with this or any other Department of the Council, nor, so far as is known, with any building or plumbing contractor in the district.

18. PET ANIMALS ACT, 1951

This Act, which came into force on the 1st of April, 1952, provides, briefly, that a licence must be obtained from the local authority to keep a pet shop, and the authority may arrange for the inspection of licensed pet shops by their officers. Pets are not to be sold in streets or public places except at stalls or barrows in a market and must not be sold to children under 12 years of age.

There were two licences in force in the district at the close of 1953, one in Ilkley and one in Burley. These premises are well conducted and no instances of unsatisfactory conditions were found.

19. HAIRDRESSERS AND BARBERS AND THEIR PREMISES

Section 120 of the West Riding County Council (General Powers) Act, 1951, is in operation in the area, and provides that no person shall carry on the business of a hairdresser or barber on any premises in the district unless he and those premises are registered by the local authority. The registration of two persons and two premises was approved by the Council and there were 26 hairdressers and 24 premises on the register at the close of 1953.

The Hairdressers and barbers in this area maintain a high standard of cleanliness as regards premises and equipment and the bye-laws for the purpose of securing the cleanliness of premises, instruments, towels, materials, equipment, etc., and the cleanliness of persons employed were well observed throughout the year.

20. RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

This is an Act to secure the use of clean filling materials in upholstered articles and other articles which are stuffed or lined, etc. There are 8 premises registered for upholstering, etc., in pursuance of Section 2, and 8 licences were issued for the storage of rag flock under Section 7.

SECTION III—INDUSTRIAL HYGIENE

21. (i) FACTORIES

Routine inspections of factories have been made under the Factories Act, 1937 and 1948, and in general the provisions of the Acts and the various Orders and Regulations affecting the welfare and comfort of the workers have been complied with.

(ii) BASEMENT BAKEHOUSES

Of the four basement bakehouses in the Urban District in 1949, only one was in occupation in 1953, and this was closed at the end of the year.

22. WORKPLACES AND OFFICES

No special action has been taken.

23. SHOPS ACT, 1934

Detailed inspection into conditions in Shops had not been undertaken during the year and these premises were inspected when occasion arose. Apart from verbal requests for regular renewal of internal decorations and cleansing of sanitary accommodation, etc., no special action has been found to be necessary.

APPENDIX I

RECORD OF VISITS AND INSPECTIONS

Inspections, etc., at :-

Abattoir	...	...	...	...	...	...	...	251
Bakehouses	...	...	...	...	...	...	...	32
Catering Establishments	...	...	...	...	...	...	...	158
Dairies and Milkshops	...	...	...	...	...	...	...	35

Dairy Farms	6
Dangerous and Dilapidated structures	6
Entertainment houses	2
Factories—with mechanical power	74
Factories—without mechanical power	63
Food Preparing, etc., Premises	305
Fried Fish premises	25
Hairdressers' premises	21
Houses—re Dirty conditions	16
—re “ Housing ” defects, etc.	179
—re Lodgers in Council Houses	17
—re Permitted Numbers	12
—re Overcrowding	12
—re Application for Council House	345
—re Infectious Diseases	28
Houses let-in-lodgings	31
Ice-cream premises	62
Moveable Dwellings	15
Offensive Trade Premises	12
Piggeries... ..	12
Private Slaughterhouses	27
Public Conveniences	51
Schools	12
Shops—re Shops Act	28
Stables	4
Tips and Salvage Depot	397
Workplaces and Offices	7
Visits or inspections re :-	
Accumulations (Offensive)	9
Animals, Poultry, Swine, etc.	12
Cellars re dampness and flooding	172
Cesspools and Septic Tanks	54
Drainage Work, Sanitary Appliances	471
Insect Pests	71
Nuisances and Complaints	204
Pollution of Rivers and Streams	64
Rag Flock, etc.	24
Rats and Mice Infestations	181
Refuse and Salvage Collection	201
Refuse Storage Accommodation	136
Sanitary Accommodation	15
Smoke Abatement	12
Street Cleansing	207
Unsound Food	48
Water Supplies	29
Miscellaneous	241

APPENDIX 2

Notices

(a) Notices served—Informal 87	Complied with	80
Notices served—Statutory 18	Complied with	13
(b) Animals, Poultry, Swine, etc.—nuisances abated		4
Bath waste pipes renewed		2
Cellars flooded—remedied		51
Dampness remedied		45
Dangerous structures removed		5
Defective dustbins replaced		100
Doors repaired		2
Drains relaid, repaired or cleared		125
Eaves gutters cleared		2

Eaves gutters or rainwater pipes repaired	...	...	15
Fireplaces, chimneys, etc., renewed or repaired	...	...	15
Floors relaid or repaired	...	...	6
Inspection chamber covers renewed	...	...	4
Offensive accumulations removed	...	...	6
Pails to pail closets renewed	...	...	7
Pollution of streams abated	...	...	3
Roofs repaired	...	...	21
Sink waste pipes renewed, repaired or cleared	...	...	1
Sinks renewed	...	...	2
Skirting boards repaired	...	...	1
Soil pipes repaired, renewed	...	...	3
W.C. cisterns repaired	...	...	5
W.C. pedestals renewed	...	...	4
Wall or ceiling plaster repaired	...	...	8
Walls repaired	...	...	12
Water closets repaired	...	...	5
Water closets reconstructed	...	...	2
Water service pipes repaired or renewed	...	...	31
Windows repaired, sash cords provided, etc.	...	...	6

APPENDIX 3

FACTORIES ACT, 1937 and 1948

1. Inspections for purposes of provisions as to health.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
Factories with mechanical power	72	74	4	—
Factories without mechanical power	54	63	7	—
Total ...	126	137	11	—

2. Defects found.

Particulars	Number of defects			Number of defects in respect of which Prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
Want of cleanliness	5	5	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation ...	—	—	—	—
Ineffective drainage of floor	—	—	—	—
Sanitary Conveniences :-				
Insufficient	1	1	—	—
Unsuitable or defective	3	3	—	—
Not separate for sexes ...	2	2	—	—
Other offences	—	—	—	—
Total ...	11	11	—	—

APPENDIX 4

HOUSING STATISTICS

1. Inspection of dwelling-houses during the year.	
(1) (a)	Total number of dwelling-houses inspected for housing defects. (Under Public Health or Housing Acts.) ... 47
(b)	Number of inspections made for the purpose ... 179
(2) (a)	Number of dwelling-houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 ... Nil
(b)	Number of inspections made for the purpose ... Nil
(3) Number of dwelling-houses needing further action :	
(a)	Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation... 12
(b)	Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation ... 35
2. Remedy of defects during the year without service of formal notices :	
Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their Officers ... 28	
3. Action under statutory powers during the year :	
A. Proceedings under Section 9, 10, and 16, Housing Act, 1936.	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs ... Nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notice : ...
(a)	By owners ... Nil
(b)	By Local Authority in default of owners ... Nil
B. Proceedings under Public Health Acts :	
(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 4
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices :
(a)	By owners ... 2
(b)	By Local Authority in default of owners ... Nil
C. Proceedings under Section 11 and 13 of the Housing Act, 1936.	
(1)	Number of reports in respect of dwelling-houses unfit for habitation ... 4
(2)	Number of dwelling-houses in respect of which Demolition Orders were made ... Nil
(3)	Number of dwelling-houses demolished in pursuance of Demolition Orders ... Nil
(4)	Number of written undertakings to close accepted ... 4
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made ... 2
(2)	Number of separate tenements or underground rooms in respect of which written undertakings to close accepted ... 5
(3)	Number of separate tenements or underground rooms the Closing Orders in respect of which were determined the tenement or room having been rendered fit... Nil
4. Unhealthy Areas :	
Housing Acts, Clearance, Postponement of operation. —	

5. Housing Act, 1936—Part IV—Overcrowding :

(a)	(1)	Number of dwellings overcrowded at the end of 1952...	9
	(2)	Number of above cases of overcrowding relieved during 1953	4
(b)	(1)	Number of dwellings overcrowded at the end of 1953 ...	6
	(2)	Number of families dwelling therein	7
	(3)	Number of persons dwelling therein (Units)	52½
(c)		Number of new cases of overcrowding reported during the year	6
(d)	(1)	Number of cases of overcrowding relieved during the year	9
	(2)	Number of persons concerned in such cases (Units) ...	57½

